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ABSTRACT

The five chapters in this monograph provide guidelines for counselors in the 1990s who will be faced with such societal issues as substance abuse, Acquired Immune Deficiency Syndrome (AIDS), teenage pregnancy, youth unemployment, homelessness, crime and delinquency, and school dropouts. "The Contemporary Counselor in a Changed World" (Harold Hackney and C. Gilbert Wrenn) examines issues of the environment, loneliness, drugs, family patterns, women's roles, the media, global interdependence, morality, ethnic groups, poverty, homelessness, AIDS, and the aging population. "Educational Challenge and Change" (Jean H. Cecil and Debra C. Cobia) looks at the present status of education and the evolving role and function of counselors in schools, then goes on to propose the need for change in both areas. "Health Needs Facing Our Nation: A Life-Span Perspective" (Sharon E. Robinson and Sari L. Roth) is divided according to life stages: childhood, adolescence, and adulthood. Under each stage, major health issues are addressed. "Career Development and Counselor Preparation" (Kenneth B. Hoyt) highlights changes that have occurred in career development aspects of counselor education and supervision over the years and looks at present and future needs. "Counselor Preparation for Future Needs" (Harold Hackney) identifies determinants of change in counseling reform, discusses the substance of change, considers responses to the need for change, and describes implications for curriculum development. (NB)

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CHANGING CONTEXTS FOR COUNSELOR PREPARATION IN THE 1990s

EDITED BY HAROLD HACKNEY

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EDITED BY HAROLD HACKNEY

Association for Counselor Education and Supervision
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Preface

"Charting the Future" was the theme of the first national conference of the Assocation for Counselor Education and Supervision held in October 1988 in St. Louis, Missouri. The conference attempted to identify and examine those pressing issues facing the nation and the counseling profession today. The conference was structured around three foci: education, health, and the world of work. Three national task forces were formed with the charge to continue to address those issues. This monograph is a product of the national conference and the foci of the national task forces.

Three of the authors are task force chairs: Dr. Jean H. Cecil, Chair, ACES National Task Force for Education; Dr. Kenneth B. Hoyt, Chair, ACES National Task Force for the World of Work; and Dr. Sharon E. Robinson, Chair, ACES National Task Force for Health. Fortunately, Dr. Harold L. Hackney graciously agreed to accept the duties of editor of this monograph. He was a key person to take on this responsibility because he had served on the national conference planning committee that developed the three conceptual areas of focus. Other members of that planning committee were Dr. Michael Altekruse, Ms. Gilda Broadwell, Dr. Robert L. Gibson, Dr. Sandra Meggert, Dr. Joseph Rotter, and myself.

Dr. C. Gilbert Wrenn, one of the most loved and respected writers in the field of counseling today, has, over the past 30 years, defined the issues facing the counseling profession. Particularly of note are his two previous influential books: *The Counselor in a Changing World* (1962) and *The World of the Contemporary Counselor* (1973). At their publication, both changed the thinking of counselors in this country. Both challenged counselors to act and to conceptualize their roles in new and different ways. They provided a social context for the practice of counseling. It was felt that Dr. Wrenn could, once again, provide a sense of history and challenge to counselor educators and supervisors to consider their role in a broad, societal context.

This monograph provides guidelines for counselors in the 1990s, inasmuch as the major societal issues can be assisted in a major way by the counseling profession. For example, such concerns as preventing substance abuse, AIDS, and teenage pregnancy imply major roles for counselors and counseling programs. Continued concerns of youth unemployment, the homeless, crime and delinquency, school dropouts, and the concomitant loss of human potential are all societal issues the counseling profession is addressing. If we face these issues effectively and dynamically, counseling will become THE helping profession of the 1990s. This monograph provides a stimulus for further exploration of the role we hope the counselors trained in the 1990s will assume.

On behalf of the membership in the Association for Counselor Education and Supervision, I express appreciation to our fellow colleagues for their significant contributions to this monograph. We are indebted to them for their generous donation of time and expertise.

Marianne H. Mitchell
President, 1988–1989
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CHAPTER 1

The Contemporary Counselor in a Changed World[1]

Harold Hackney and C. Gilbert Wrenn

The title of this chapter is based on the titles of two previous books: *The Counselor in a Changing World* (Wrenn, 1962) and *The World of the Contemporary Counselor* (Wrenn, 1973). The terms "a changing world" or "a world in transition" are now commonplace, almost clichés. They were somewhat less so earlier in this century, even after the vast changes brought about by the Great Depression in the 1930s and World War II in the 1940s.

Many readers of this chapter were not participants in these two social, economic, and moral upheavals of 40 and 50 years ago. It is only history to them. Not so for people of the "Wrenn" generation (1902–) for we *experienced* the pain of these changes and protested them, denied them. "Things couldn't go on this way much longer," "I can't *believe* this is happening to us," and "Things will get back to normal before long." Do I hear you exclaim, "But those are expressions I hear today!" And, of course, you are right. We are still protesting, denying, because change is so painful.

This chapter proposes that in dealing with clients' present and future as counselors or other helping professionals, we start from a floor of present reality. Each generation, in accepting present reality, must deny the reality it was reared on, the reality of its parents and teachers. All of us face a vastly changed world from the one we inherited.

The Changed World in Which We Live

This first section addresses our universe, uncomfortably far from fixed and static, a high-speed motion of interrelating parts, from subatomic par-

[1]I asked Gilbert Wrenn to write the whole of chapter 1 under the heading I had suggested. Illness in his family over the critical period of writing enabled him to write on only the first two topics—the universe and the crises in our environment. As editor, and with his agreement, I completed the chapter, working from the outline of topics that Dr. Wrenn had prepared.—*Editor*

ticles to our galaxy and beyond. This discussion will report on recent changes in our perceptions of change, both telescopic and microscopic, of size and motion. We can see only to a limited degree, both outwardly and inwardly, but carefully calibrated inferences from what we see increase enormously our understanding of size and motion. This topic has been addressed earlier (Wrenn, 1973), but so much has been discovered recently that counselors, alert to various environments in their own and their clients' worlds, need to be alert to and awed by the universe of which we are a part.

Measurable Dimensions of the Universe

It has been accepted for a century or two that the stars are not "fixed" and that our small planet is not the center of the universe. As a matter of fact, ours is not a very significant planet of the nine planets and numerous asteroids that orbit around our sun. The planet Earth has only 1/100 of 1% of the mass of our solar system. The Earth's distinguishing feature is its location at an optimum distance from the intense heat of the sun and an atmosphere that contains gases conducive to the creation and maintenance of various forms of life. The rather small, middle-aged sun of our solar system is located toward the end of one of the spiral arms of our galaxy, the Milky Way. It is in a void so vast that the star nearest to it is 4½ light years distant. This solar system containing our beautiful earth is one of some 100 billion stars in a galaxy that is 100,000 light years in diameter and some 10,000 light years in depth.

These figures are awesome, perhaps incomprehensible—but wait! The Milky Way is separated from the galaxy nearest to it by a void that is 200 million light years across. This is only the beginning. Our 200-inch telescope sees across 10 billion light years of vast space containing, to use Stephen Hawking's (1988) careful phrasing, "some hundred thousand million" other galaxies. Others speak boldly of "100 billion." Such distances and quantities are incomprehensible. At a distance of, say, 2 billion light years, our solar system is seen as an atom, our sun as the atom nucleus, and the planets as electrons revolving around the nucleus.

There is apparent reason to believe that among these billions upon billions of stars, some are the suns of solar systems in which there are planets and satellites, with some planets at the "right" distance from the sun and an atmosphere suitable for the creation and maintenance of various forms of life.

There is one more increment to our knowledge of the incredible size of our universe. Beyond the farthest reaches of our telescopes, more than 12 billion light years distant, are enormous sources of energy called "black holes." We receive the radio waves they emit as one form of energy in the huge dishes called radio telescopes (seen, for example, near Boulder, Col-

orado). They are received as "radio racket" and interpreted as sound, although actual sound waves cannot be transmitted across the vacuum of space.

Black holes are said to be the "graveyard" of stars. Stars in the process of getting older and dying consume less and less of the remaining gases of which they are composed and radiate less and less energy outward. A large star may explode (a supernova) and leave only a neutron core; or a smaller star may slowly become a high density mass called a "white dwarf" star. In this form it has a greatly increased gravity pull (two of the four universal forces of the cosmos are gravity pulling inward and electromagnetic radiation flowing outward) and pulls nearby dying stars into its graveyard, which becomes stronger and stronger in its gravity pull. In this process, the void outside the condensed gases called a star is filled with atoms of many gases (the chief of which is hydrogen). These, over millions of years, collect (are pulled together by gravity) and form new stars.

Thus, the stars of the universe are forever in the process of dying and replacing themselves. This is the basis of the steady state theory of the "origin" of the universe. There is no origin. It has existed forever and will continue forever. This shocks our sense that "there *must* be a beginning." Citizens of the planet Earth have a strong sense of measurable time because our planet rotates once in each 24 hours and revolves around the sun in each 365 days. There is no particularly good reason, however, why the built-in sense of time on our tiny planet should prevail for the vastness of the time-space of the universe.

Motion in the Universe

The atom is no longer the smallest unit of so-called matter, for the atom contains a wealth of much smaller units. Its interior is a wild area of intense motion; electrons orbiting around a nucleus at speeds approaching the speed of light, while inside the nucleus are protons and neutrons, each of which contains three smaller particles called quarks. Each of these is in its own motion. Altogether some 30 particles are buzzing around inside the atom. All particles are too small to be seen through the highest powered electronic microscope, but their presence is inferred by their influence on the movement of visible particles. The movements of these particles are unpredictable. They may jump from an orbit close to the nucleus to one farther away from the nucleus—no one knows why or when the jump is made. This unpredictability becomes the basis of the quantum theory in which the quantum is the particle. Other forms of motion are described below.

1. Our planet rotates at the speed of 1,000 miles per hour (at the equator) and revolves in an orbit around the sun once in 365 days.

2. Our sun, an immense condensation of gases, is in constant motion. The intense heat at the center of the sun, caused by the pressure of gases from the outer portions, causes 5 million tons of gases to be consumed every second. The motion concept comprises both the radiation outward of gases and the recombining of nuclei under the intense heat so that hydrogen becomes helium and so forth, and on down, over billions of years, to its core of iron.

3. Our solar system is part of the Milky Way galaxy, which rotates about its own center of gravity once every 200 million years, carrying us with it at the speed of 600,000 miles per hour.

4. A final kind of cosmic movement discovered by Edwin Hubble as late as 1924–29 is the movement of *all* galaxies away from the Earth's vantage point of sight, those farthest moving most rapidly at speeds a little less than the speed of light. This movement carries our galaxy and our solar system with it. (I do not know the speed of "our" galaxy in this kind of movement.) This movement means that our known "universe" is expanding at the rate of 5–10% every 1,000 million years. Thus, motion is the essence of existence in the universe, the ceaseless movement of matter into energy, of energy into matter.

Recency of Discoveries

It is hard to keep up with cosmological discoveries that make us more "aware" of the universe. Edwin Hubble's discovery that there is more than one galaxy was as recent as 1924. The discovery of the greater speed of the farther galaxies and the expanding nature of the universe was made in 1929. In 1926, Werner Heisenberg developed the uncertainty principle that led to quantum mechanics. In 1969 and 1973, respectively, John Wheeler and Jon Michael developed the description of a black hole. At the center of "our" galaxy there is presumed to be a black hole with a possible density 100,000 times greater than the density of our sun. The first supernova in hundreds of years was discovered in 1987. The oldest and and most distant galaxy yet known was discovered only in 1989 by Simon Lilly of the University of Hawaii. (Stephen Hawking introduced the public to many of these amazing phenomena in his 1988 book, *A Brief History of Time*.) Who can imagine what wonders are waiting to be discovered next?

A Personal Note

First, my own limitations are that I know very little about modern physics and I have been an amateur student of cosmology only during the more recent years of my life. To any professional in either discipline, my amateur status may be very apparent. I do not believe, however, that I have

led the reader (you who are now the hope of the future) astray in the larger *aspects of this picture* of our universe.

Second, I believe that this awesome universe has a creator whom I call God. Some time ago, I wrote a few paragraphs on my excitement at being a part of our magnificent-beyond-understanding universe that I titled "The Awesomeness of the Greatness of God!" In this, I wrote of the creator (who is also a personal God for me) of a universe which is beyond my, or anyone's, understanding. I also paid tribute to a creation of God—the magnificent mind and spirit of human beings. I have been giving an account of our perceptions of those dimensions of the total universe we have observed. Furthermore, I believe that we have not and will not ever "experience" this universe. We will, however, continue to enlarge the picture from the vantage point of our planet as long as our minds exists.

Earth's Environment in Jeopardy

This section will report primarily on present reality—the damage apparent and the slope of the curve toward future damage. An insightful conservation agency, the Earth Island Institute, recently republished a 1975 *New York Times* brochure entitled *Operating Instructions for the Third Planet.*

> This planet was delivered wholly assembled and in perfect working condition and is intended for fully automatic and trouble-free operation in orbit around its star, the Sun. However, to ensure proper functioning, all passengers are requested to familiarize themselves fully with the following instructions. Loss, or even temporary misplacement of these instructions may result in calamity. Passengers who must proceed without the benefit of these rules are likely to cause considerable damage before they can learn the proper operating procedures for themselves.

Then follow explicit instructions for the care of five critical dimensions of our planet: air, water, land, life, and fire.

For brevity's sake, I will focus on only three areas of our national and global life: air pollution and its consequences; deforestation and its consequences; and water shortage and toxicity.

Air Pollution and Its Consequences

U.S. government statistics show that in 1980, an estimated 51,000 people died young because of air pollution, a figure projected to rise to 57,000 by the year 2000. It is estimated that air pollution costs $12–16 billion annually in crop and forest damage and loss of job time. The most obvious sign of change is the daily TV weather report on the degree of air

pollution (carbon monoxide, ozone) and advice on what to do or where to go if the pollution level is dangerous.

The fact of a seasonal, shifting hole in the ozone layer of the stratosphere over Antarctica has attracted much public interest. The ozone layer is critical to global health because it acts as a filter to reduce the entry into our atmosphere of the deadly ultraviolet rays of the sun's spectrum. Should the hole become enlarged significantly, human health could be endangered by a higher incidence of skin cancers and cataracts and a decrease in certain immunological protections the body provides.

It is well known that the chief destroyers of the ozone layer are the chloroflourocarbons (CFCs) that escape into the atmosphere in the manufacture of refrigerants used in refrigerators and air conditioners, in cleaning solvents, plastic products, and so forth. Not as well known is that the damage done will increase over the years because the earth's atmosphere acts as a canopy that retains the pollutants created by man.

Deforestation and Its Consequences

The heavy assault upon the world's forests is nothing new. It has been going on for a long time in Europe, for example. Much of this seemed normal and necessary at the time—procuring firewood and clearing the land for agriculture. As a consequence, however, Western Europe has lost over 70% of its forests. The greatest current onslaught on forests in the United States is the commercial cutting for building construction and the production of other wood products. When the Pilgrims came to America, it is estimated that there were 425 million acres of forest land. Less than 20% of this remains today.

Globally speaking, the most critical changes taking place are in the destruction of the world's rain forests. In moist, humid areas of the world, rain forests not only give their life-giving substance of oxygen to the atmosphere, but they provide a cover for a great abundance of all kinds of plant life, which, of course, also emits oxygen and consumes carbon dioxide. The significance of rain forests to the atmospheric balance of the world has not been fully appreciated until recent years. Now we have begun to understand the tragedy of the loss of 73% of the rain forests in West Africa, 63% in Southern Asia, and at least 50% in the Philippines. In Central and South America, deforestation has taken place so rapidly that it is hard to keep track of the damage. One might safely guess that over 50% of the tremendous rain forests of this area of the world have been or are in the process of being destroyed.

Throughout our planet, therefore, the atmosphere is being "loaded" with an excess of carbon dioxide. The greatest single producer of this gas is, however, the combustion of fossil fuel—coal, oil, gas, and derivatives such as gasoline. As the world further industrializes, such combustion will

increase and this, coupled with the destruction of plant life that consumes carbon dioxide, creates the present long shadow of a world crisis called the "greenhouse effect." An excess of carbon dioxide in the atmosphere means an increase in the heat level of the atmosphere of our planet. It is predicted that this will in turn warm the oceans of the world, resulting in the melting of ice caps in the Arctic and Antarctica and an increase in the level of the oceans that border all inhabited lands of the world. The argument on this, pro and con, rages, but the logic is clear. Causes of this warming effect must be reduced to avoid catastrophe, which is predicted to occur within the next 50 years.

Water Shortage and Toxicity

Large areas of our planet are suffering severe water shortages, in a dozen countries far removed from each other such as North Africa, New Zealand, India, Taiwan, Spain, and central Chile. In some of our Plains states as well as in the Southwest, agricultural needs and increasing city populations have drained vast underground water basins, and in some cases the roofs have caved in.

Several large world charitable organizations, such as the American Friends Service Committee, the Unitarian-Universalist Service Committee, the Freedom From Hunger Foundation, and CARE frequently request contributions for the digging of wells in India, Africa, and other locations because the shortage of water is as critical as the shortage of food, or of seed and fertilizer for growing food. Lack of potable water kills thousands of human beings daily, particularly children. The United Nations Environmental Program predicts that by the year 2000, one third of the world's cropland will have turned into arid deserts. This is a present reality that can only worsen with the anticipated increase in world population.

Water toxicity from industrial waste has been widely publicized. Some, perhaps much, of this is the result of deliberate violations of laws that are laxly enforced or deliberately neglected as a matter of political policy (adequate disposal of toxic wastes would decrease the profits in business and industry). Two of our largest conservation agencies (the Natural Resources Defense Council and the Environmental Defense Fund) spend a major portion of their budgets (supplied by individual contributions and foundations) in bringing to court the violators of existing protective legislation.

Summary: Of Immediate Concern

The following are areas to which we must turn our immediate attention if we are to affect the direction our environmental decay is taking:

1. air pollution and its impact on health;

2. disposal of toxic wastes and other waste disposal problems;
3. the problem of temporary and long-term storage of large quantities of radioactive wastes from both governmental and commercial producers of such wastes;
4. lack of water, particularly in certain areas of Africa and Asia, resulting in crippling malnutrition and a heavy toll of lives; and
5. a steady increase in world population, particularly in already overpopulated areas of the world.

We have seen figures on projected population increases for many years, but the increase is so great as to seem unreal ("It can't really happen—can it?"). The 1986 figures I have seen give the present world population at a little over 5 billion. At the present annual increase of 1.7%, this 5 billion would double to 10 billion in just 41 years. Population size and increase is a threatening factor in a number of the "immediate" realities listed above—air pollution, water shortage, decrease in arable land, and death by malnutrition and starvation.

Summary: Of Concern in the Future

The immediate concerns listed above will obviously continue into the future; some additional concerns, however, must be addressed in the next 10–50 years. These include:

1. continued overloading of our atmosphere with carbon dioxide and CFCs, resulting in the tragic outcomes of the greenhouse effect and a more extensive and permanent ozone hole; and
2. continued destruction of our world's rain forests, resulting in a steady loss of plant and animal species to the point of threatening human health and survival.

With Our Universe as Context

We live in a changing and changed world. In part, the change comes from the growing understanding of our universe through new discoveries. In part it comes from the insensitive abuse of our resources. As citizens of this universe, and as professional help givers, we must come to grips not only with the changes we have invoked but also with the human consequences of those changes. The remainder of this chapter addresses these changes and their implications.

A Final Comment

It is distressing to note that my comments about what is happening to our environment are almost uniformly negative. This is depressing. I wish

it were less so, but the sources on which I have depended are of recent date, 1986–1989. So I fear that I have been reporting a set of current realities. I have written here with both sadness and anger, whereas my mood in writing on our enormously complex but smooth-running universe was that of excitement and exuberance! My anger is at the major damage done during the years 1980–88, when conservation movements to protect our resources were allowed to wither away or were actively killed for political reasons.

Loneliness

We have all known loneliness. It affects the elderly, the young, the poor, the comfortable, men and women. It can be found in the ghettos and in 5-acre zoning. Mother Teresa (1988, p. 85) spoke to it:

> I have seen the starving, but in your country, I have seen an even greater hunger, and that is the hunger to be loved. No place in all of my travels have I seen such loneliness as I have seen in poverty and affluence in America.

If loneliness seems to be a common denominator of our time, we must also acknowledge that the experience of loneliness is not the same for all people. It is experienced acutely by those least equipped to combat it, the young, the elderly, and the poor. And it leaves its mark in tragic ways, through adolescent suicide, drugs and crime, teenage pregnancy of epidemic proportions, the withering away of hope. In their extensive and scholarly examination of the problem, Peplau and Perlman (1982, p. 143) observed, "Lonely people often feel worthless, incompetent, and unlovable. Indeed the link between severe loneliness and low self-esteem is one of the most consistent findings in loneliness research."

Loneliness is a growing problem in our society. As the population continues to shift more and more toward urban areas, the East and West Coasts, and the Sun Belt, increasing numbers of people pull up their roots and separate from family and friends in search of a better and more comfortable life. The transitory nature of our population is not the only source of this new disengagement. The continuing erosion of marital/family ties has maintained itself for two decades as the divorce rate continues to climb. All too often, the result is isolation of children, parents, and the elderly. But loneliness also affects some far more than others. There is evidence to suggest that adolescents are more susceptible than any other age group, contributing to a sense of isolation, reduced self-worth, poor achievement, powerlessness, and victimization. The reader may wish to read McWhirter's (1990) excellent review of the literature on loneliness and its effects.

Closely associated with loneliness is a sense of social and emotional isolation. Weiss (1975) described emotional isolation as the absence of an

attachment figure and social isolation as the absence of an accessible social network. Minorities, the elderly, and the new wave of immigrants are particularly susceptible to isolation. Its effects are felt in schools, neighborhoods, and communities. And, with the increasing inability of social programs to cope with these conditions, we have reason to expect that the effects of loneliness and isolation will worsen.

Drugs and Other Crippling Dependencies

Drugs and other dependencies such as television, spectator sports, or easy credit affect the lives of everyone in the United States. This need to fill the void in our lives is a pursuit that only disappoints. We cannot numb ourselves to life without losing more than we gain. We cannot acquire and thus fill the void. Our society, the young, the productive, the old, are searching for something that the culture does not provide.

Perhaps the oldest dependency is greed. Much has been written about how we have become a society consumed by greed. Excesses in the stock market, leveraged buyouts, and unconscionable graft in federal programs intended to help the poor are headline grabbers. But greed also shows itself in the everyday life of Americans through excessive aquisition and consumption (luxury cars, gold chains, expensive leather jackets), the cat-and-mouse game we play with the IRS, and the overextension of means as evidenced by increasing personal debt and bankrupcy claims. If you don't feel good, go shopping. Buy now, pay later. What you need is a "pick-me-up." Unfortunately, our society needs much more than that.

The Change in Family Patterns

A variety of family patterns abound. Many are weakening as the result of high family mobility, the fragility of the husband-wife relationship, one-parent families, two working parents, decreased attention to parenting, large curriculum-based schools, and abuse of children and spouses. There is much that has changed in the American family, our most honored institution. Women are waiting longer to marry; there was a three-fold increase in the number of unmarried cohabitating young couples between 1970 and 1983; by 1982, 51% of all married women worked outside the home, and that number continues to grow; 19% of American households with children under 18 are single-parent households (Thornton & Freedman, 1983 , pp. 3–4). The Children's Defense Fund has released appalling state-by-state figures that reveal overwhelming problems with the number of babies born out of wedlock or to teens, the number of preschool children whose mothers work out of the home, and the number of children living in poverty, all

of which shows that even in our most affluent states, the problems are severe (Children's Defense Fund, 1988). Statistics such as these have a paradoxical effect: They numb rather than sensitize us to the plight of the American family.

But we begin to move beyond statistics to reality when we talk about changing American values, the erosion of the American dream that one can rise from poverty to success, the increasing social problems of the American educational system, and the dilemmas of homelessness, substance abuse, and violent crime, all of which have touched every American hamlet. What is the reason we face such enormous social problems in these ebbing days of the 20th century? Most scholars, social commentators, and ordinary Americans will point to changes in the structure of the American family.

The Changed Role of Women

As a social phenomenon, few changes have had a more visible, and, in some cases, resistant response than the changing role of American women. In part this is due to the speed with which this change has occurred. In our 200-year history, more change has occurred in the past 20 years for women than in the previous 180 years. For example, in August of 1989, the U.S. Military Academy (West Point) announced that the new Captain of Cadets, the highest ranking cadet at the Academy, would be a woman. Less than a generation earlier, the first woman was admitted to West Point, amid much speculation that women would never last at the Academy. Prior to World War II, the most popular occupation of American women was "housewife." The war changed all that. As men left the factories to enter military service, women filled their jobs. It was the beginning of women's entry into the labor force, an entry that has led to lasting and profound effects on the American way of life.

In the past generation women have assumed roles equal to men's in much of the labor market, in part as a result of their skills and ability, and in part out of the necessity for many families to have two wage earners in order to maintain a reasonable standard of living. Lest this increasing opportunity for employment be misunderstood, it should be noted that women still are paid significantly less than men in equivalent jobs, are discriminated against in promotion to positions of leadership, and remain the target of much sexual and social harassment in the marketplace.

We are a different nation today. We have women governors, congresswomen and senators, ministers, scientists, athletes, and even sports reporters in the present generation of adults. Only one generation earlier, women were being coaxed to seek careers as nurses, teachers, or secretaries. Indeed, there is now a crisis in these career paths resulting from the drain of women to more lucrative professions.

These changes have not been without their consequences, both for women and for our culture. It is not easy to be a woman today. The new "rules" are vague; the consequences often are a blend of satisfaction and punishment. The choice to be a homemaker is not nearly as easily made as it was in the past. The concern, even guilt, that many women experience in sharing their child-rearing responsibilities with day-care centers, relatives, or babysitters is part of the emerging neurosis of modern-day society. Women have gained much, but at considerable cost.

This observation suggests one further dimension of the changing role of women, the degree to which men's roles have changed or adapted. Obvious changes have been mandated by affirmative action and equal opportunity guidelines. But, in a larger sense, men's roles have neither accommodated nor benefited to the extent one might reasonably expect from such a profound social phenomenon. We have already spoken of resistance to women's changing roles, particularly in areas where women have been less represented. Change has been slow and rarely voluntary. Potential benefits are to be derived from the impact of these changing roles as well. Yet, male roles have not reflected a significant movement toward a more androgynous state as female roles have moved toward androgyny.

The Media, Especially Television, Have Changed Our World

When one talks about the media, the overwhelming tendency is to focus on television, and with good cause. In the vernacular of the industry, television became the "electronic media," and included not only the major networks, but also the vast cable television enterprise, and the connection of the home television set to the distant computer so that the user can either retrieve computer-generated information on demand, or both send and retrieve information in an interactive dialogue with the computer (Donnelly, 1986, pp. 126–127). But the media also include the increasingly consolidated print medium, which has become global in ownership and impact. We have cable networks using newspaper formats, and daily newspapers using television formats. With the merger of Time, Inc., and Warner Communications, the United States now has a corporation that controls daily newspapers, weekly and monthly magazines, major television stations, cable networks, and film producing companies. It is the paragon of what the media industry can become, both in terms of efficiency of operation and effectiveness of control. And it is the matter of control that has long concerned our society.

The media have a dramatic effect on our modern world, bringing people and their problems closer together, globally and nationally. This fact was driven home during the Vietnam War, when battle scenes of the day appeared on TV screens in living rooms and family rooms. Reportedly, these TV presentations had more impact on public reactions to the war than

any other source, including the President of the United States. They literally divided our populace into hawks and doves, liberals and conservatives. Television also influences our political system. Robert Bellah (1989), author and sociologist, observed:

> Part of the problem is television. It has such a powerful way of presenting immediate images that it tempts the politician to go for whatever will have the most impact. That really corrupts the electorate into thinking about voting only in terms of the most short-term interests or fears. (p. 281)

In his book on the new communications technology, William J. Donnelly (1986, p. 28) observed that "television rapidly became our primary medium of information, discussion, entertainment, and self-reflection, and consequently it has determined to a great extent our social and cultural values." This, too, is a serious concern for our society. Whereas much television in other parts of the world is devoted to state propaganda, in America, most television serves the advertisers. The most frightening thing about TV in our country is the number of hours per day or per week children, young people, and adults spend in front of the "medium." The portrayal of human relationships, the normalizing of violence, the monopolizing of imagination, and the infiltration and consumption of our private creative "mind-space" all are potential effects of the media mentality. The result is an infiltration of social values and attitudes in which TV becomes the most effective social teacher of character and values, leaving little control to home, church, or school.

Global Interdependence

It has been said that the year 1943 marked the beginning for the United States as the 20th-century world economic leader. Caught in the midst of World War II, our factories were working 24 hours a day, producing the hardware, airplanes, guns, ships, and vehicles, that would be necessary to begin the final push in Africa, Europe, and the Pacific Basin. That productivity, paired with the fact that ours was the only major economy that suffered no destruction from the war, gave the United States a head start on the postwar recovery. From 1946 until the mid-1960s, the United States was the unquestioned economic leader in the world community.

What was not as apparent was that other countries were quietly and efficiently making strides toward competitive positions with the American economy. First, it was Germany, Great Britain, and the other Northern European nations; then Japan began to stake its claim. More recently, nations of the Pacific Rim, Korea, Taiwan, Hong Kong, Australia, and Malasia, have entered the economic picture with a combination of an inexpensive

and almost inexhaustible labor force, paired with new, more efficient factories and a will to compete in the world economy.

The fact that our economic perspective had changed from that of world leader to co-competitor was driven home for many Americans with the stock market crash of October, 1987. Not only did the U.S. markets crash, but other major stock markets around the world, in London, Frankfurt, Paris, Tokyo, Hong Kong, and Sidney, crashed as well. Following the crash, the recoveries of those markets seem not only to parallel but also to influence one another in dramatic ways. As an example, the "money market" begins each day with reports on how the U.S. dollar is faring against the yen in Tokyo, the deutsche mark in Frankfurt, and the pound sterling in London. If the Nikkei (Tokyo) stock market has a particularly good day, or a particularly bad day, the ripple effect is felt throughout the European community and the American stock market.

Why is this so and what are the implications? The deceptively simple answer is that nations are no longer separate entities. Europeans and Asians own major portions of each other's and of American economies, including real estate, corporations, and research institutes. Many foreign corporations are doing what the United States has long done—building factories on U.S. soil. The clear implication, and perhaps this is the part with which Americans have not yet come to grips—is that we are no longer autonomous. We can no longer make decisions without taking into consideration their impact in other parts of the world, for if we do not, the economic boomerang will return. Furthermore, if we do not participate in aiding the economic development of the Third World, their economies will become the dead weight that will drag down our own and other world economies. In an economic sense at least, we have become interdependent, whether we like it or not.

Our interdependence is not only economic. The rapidity of the spread of AIDS from Africa to other countries, the impact of the greenhouse effect, the growth of the drug culture, all suggest just how interdependent we have grown. It is also true that the world's problems are our problems, and our problems affect other nations. This was dramatically evident in the death of Congressman Mickey Leland (Democrat of Texas) while on a mercy mission to a refugee camp in Ethopia in mid-August, 1989. His obituary in the *New York Times* (August 14, 1989, p. D–9) described how his critics in Congress and in Houston had attacked him earlier as "too liberal [suggesting] that he should concentrate on the hungry people in the United States before he tackled the problems of Africa." His response was, "I am as much a citizen of this world as I am of my country. To hell with those people who are critical of what I am able to do to help save people's lives. I don't mean to sound hokey but I grew up on a Christian ethic which says we are supposed to help the least of our brothers."

Changes in Conventional Morality

If Americans are somewhat unaware of the changes toward a global economy, there is no question of our awareness of changes in conventional morality. The reality has been driven home in our neighborhoods, in our schools, and in our community, state, and national politics. There is a new sense of what is moral and ethical, and many Americans do not like what they see. Much of this new morality has a distinctly economic tinge to it. In our inner-city neighborhoods, the new economy is drugs. Young children are discovering that they can "hold" or "carry" drugs for pushers for $100 or more a night. Adolescents who have no economic hopes can turn to selling drugs on a scale that provides them with up to $1,000 a day in profits. They can buy the gold chains, the fashion clothes, the fancy automobiles that previously were the domain of only the Yuppies and the older wealth of this country. "Just say NO" loses its effect under such economic pressures. Unfortunately, many conventional values also lose their effect under this pressure. The old truism that when economic values and other values clash, the economic values will usually win is dramatically played out in the neighborhood drug scene.

Change in ethical and moral behavior is evident far beyond the neighborhood. The barrage of ethical/moral misconduct is reflected daily in our newspapers and television news. Stories of misconduct last for weeks and months as the drama of high-level manipulation of the stock markets, the conduct of governmental agencies, and the management of private corporations unfold before our awareness. The relentless barrage numbs us to the issue, normalizes the worst of behaviors, and lulls us into a complacency about public and private morality. The old timer's question, "What's becoming of this world?" produces lamentations, but few real answers.

Changes in Ethnic Minority Status

A profound social change has been taking place in American cities during the past decade. In many cities, ethnic minorities have become ethnic majorities. At the same time multiple ethnic groups, as opposed to a single ethnic group, have emerged as political forces. The increased immigration of Hispanics in certain regions of the country, as well as growing immigration of Asian refugees seeking political and economic safety, has changed the ethnic social concept from Black/Caucasian to, in Jesse Jackson's words, a "Rainbow Coalition." Not only do we have the long-standing effort to raise Black minority status to that of equal opportunity, but now we also must address difficult social and political complexities in communities where

Puerto Ricans begin to outnumber Blacks, or where Vietnamese become a significantly large minority to justify curriculum adaptation by public schools. Consequently, the minority picture is vastly different than it was in 1954 or in 1963, when major social efforts to address ethnic minority issues were initiated.

Poverty and Homelessness

A new term has emerged in the 1980s, "the working poor." Behind that deceptively innocent expression lies a dramatic social change in America. Since the days of the Great Depression, poverty has been synonymous with unemployment. Today, social and economic changes are producing a social class system more like that of America's European antecedents than the system envisioned by the idealism that led to the establishment of a "new world." This revolution fosters many myths and misconceptions, further complicating our efforts to respond in helpful ways. Two thirds of the poor people in this country are White (Moyers, 1989, p. 81), yet most depictions of poverty are presented as inner-city minority problems. Many of the homeless are employed and living in small towns all over America, yet homelessness is cast as a problem of major cities. The scene of destitute derelicts existing in New York's Grand Central Station is more likely to be portrayed in the evening news than the family living out of a station wagon in the suburbs of Des Moines.

Growing numbers of Americans are caught in the disparity between the increasing cost of living (housing, food, fuel) and the decreasing demand for nontechnical labor. One contributor to this change is the fact that the postindustrial revolution is less accommodating of a nontechnical, "blue-collar" work force. These changes are also reflected in changed psychological perceptions of Americans. The traditional concept of a middle class and a working class is changing. Tom Wolfe (1989, p. 64), author and journalist, noted this change with the observation, "I was amused when one of the surveys taken after the Republican National Convention (in 1988) asked respondents to identify themselves by social class, and eighty-five percent said they were middle class." With this much identity to the so-called "middle class," it may be easier to understand our inability to relate to poverty and homelessness.

Unfortunately, that understanding does not help those most trapped in the vise. The Children's Defense Fund (1988) released data that reflect this growing cancer.

> Of every 100 children born in 1988, 13 will be born to teenage mothers, 15 will be born into households where no parent is employed, 15 will be born into households with a working parent earning a below-poverty

> wage; and 25 will be on welfare at some point prior to adulthood. In New York City in September, 1987, 12,000 homeless children were sheltered, more than the total number of homeless single men and women combined. Denver, Detroit, Louisville and St. Paul all reported increases in two-parent homeless families in 1985, primarily due to lack of jobs.
>
> (pp. iv, 5)

Our social service agencies, schools, and welfare system are overwhelmed by the effects of this problem. The states are calling for help from the federal government at the same time the federal government is cutting back to reduce budget deficits. Under such circumstances, the tendency of some is to declare the problem unsolvable, but we cannot long survive with this response to our national problems.

AIDS and Its Effects on Personal Relationships

Western civilization has seen many life-threatening epidemics, including scarlet fever, yellow fever, tuberculosis, and polio. But no epidemic has had the wide-ranging impact of the acquired immune deficiency syndrome, or AIDS. It has revolutionized social relationships, changed sexual practices from implied ritualistic interactions to overt, contractual understandings, altered social rules about advertising, and profoundly affected the health care professions. Virtually every American has been touched by the AIDS crisis, in ways ranging from knowing an AIDS victim to receiving dental care with latex gloves. Our society has been transformed by this dilemma.

The impact is yet to be measured, for social change is best left to the historian's assessment. However, immediate social, educational, and interpersonal consequences result from efforts to minimize the AIDS epidemic. As a start, we must acknowledge that as of this writing, there is no known vaccination or antidote for the AIDS virus. Thus, our efforts are restricted to prevention, education, and health management while medical researchers attempt to find clues to the larger problem of controlling AIDS.

The parameters of the problem, as it affects counseling, involve medical, interpersonal, psychological, and spiritual dimensions. Medical issues include advocacy for AIDS-afflicted clients, as well as interpretation of alternatives to clients. Interpersonal issues involve both AIDS-afflicted and nonafflicted clients in the general population. Family issues, social (dating) issues, and the broad landscape of peer relationships are all interpersonal dimensions that will be part of the counselor's domain. A psychological area not well understood is the potential for AIDS-induced dementia. It is estimated that 90% of AIDS patients show evidence of the AIDS virus in their brain at the time of death, and that up to 25% show evidence of neurological change (Navia, Jordan, & Price, 1986; Navia & Price, 1987).

Kain (1989) presented an exhaustive examination of the impact of AIDS on the practice of counseling in his book, *No Longer Immune, A Counselor's Guide to AIDS*. He projected the following implications of the AIDS crisis for counseling in the 1990s:

1. Counselors will see the number of AIDS cases continue to increase by as much as a million new cases by 1995.
2. Counselors will face an increasing number of infected infants and children.
3. Revisions will be needed in the nation's programs of providing health services.
4. Counselors will be needed to minister to the inner city as it becomes plagued by the AIDS epidemic.
5. Counselors will see AIDS become a significant legal issue.
6. New counselors and health professionals will be needed to take the place of health professionals exhausted and depleted by their work with the epidemic.
7. Hospice will become more recognized as a preferred way of caring for people with AIDS.
8. Compassion will be greatly needed as a counseling condition. (pp. 20–24)

The Greying of America

The older generation (65 to 85 +) is a substantial political and financial factor in our society. Census estimates for 1988 indicated that 29.2 million Americans fell within the 65 and over age group. Furthermore, its size is increasing. Though there were only 500,000 men and women over age 85 in 1950, by the year 2000, it is estimated that there will be over 5,100,000 over age 85. Their influence will be felt in the delivery of medical care, in the media and advertising industries, in the requirements for community and social services, and even in the structure of families. Federal, state, and community governments and local school boards will feel the weight of their vote.

With this rather startling shift in our population, counseling professionals will feel many demands. We will be the respondents both to the growing elderly and to those affected by this growing population. Our sense of understanding, compassion, and resourcefulness will be taxed well beyond our present experience. Our need to advocate, mediate, and educate will help define our role and function.

Change and Its Implications

As we review these many changes in our society, we may come away with a sense of urgency, depression, mission, or defeat. The problems inherent in these changes will call upon all of our resources, both personal, professional, and economic. One thing is clear. We cannot walk away from them. We cannot deny their existence and their effect upon us or future generations.

One obvious conclusion that can be drawn is that many if not most of these problems are interwoven with one another. Drugs, family patterns, the media, changes in morality, the plight of the inner city, AIDS, homelessness, teenage pregnancy—all are interrelated. All are part of a larger gestalt. Solutions must also be interrelated, reflecting the interdependence of all elements of society, and indeed, of our planet. No longer do national borders or ethnic groups confine the problems of society. We must begin to think more in terms of community in its largest sense.

In this new reality, the interaction of educational systems, health systems, and economic systems will have a major role to play. And they, in turn, will affect the task of the contemporary counselor. The three chapters that follow will address these forces. In chapter 2, Cecil and Cobia examine educational challenge and educational change. Robinson and Roth explore the health needs our nation faces in chapter 3. And, in chapter 4, Hoyt develops the relationship between counseling and the world of work. Finally, in chapter 5, these several topics are brought into an integration of implications and soothsaying.

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CHAPTER 2

Educational Challenge and Change

Jean H. Cecil and Debra C. Cobia

Education has played a crucial role in the development of this nation. It has been instrumental in bringing the ideals of democracy to a diverse people, both through curriculum design and example. The part public education plays is unique; nowhere in the world has there been an institution conceptualized and implemented in quite the same way. Yet education, and more specifically public education, has been and continues to be assailed from many sources. Business, government, parents, and hosts of blue-ribbon boards, commissions, and committees have found fault with public education and have proposed both innovative and time-worn remedies for change.

The Status of Education

That "public confidence in education is at a disastrously low ebb" (Gelatt, 1983, p. 182) is an opinion shared by many, including the framers of the education reform reports of the past decade (Carnegie Forum on Education and the Economy, 1986; Hunter-Gault, Kurtze, Howe, & Love, 1985; Naisbitt, 1982; National Commission on Excellence in Education, 1983; William T. Grant Foundation Commission on Work, Family and Citizenship, 1988). Whenever tumultuous social change is experienced, such as is presently the case, dissatisfaction with existing institutions grows. Thus, the current status of education may be viewed as reflective of the vast changes that are transforming our culture (Pullias, 1982; Thomas, 1982; Wilson & Rotter, 1982). Revolutionary social change brings with it conflict among peoples and polarization of thought. On the one hand are groups whose efforts are directed to protecting that which they have known—the old and familiar—whether or not it be workable. Others, convinced that existing institutions are unresponsive, advocate radical change, new ways

of thinking, and the eventual evolution of a very different and adaptive culture that encompasses a worldview (Ferguson, 1980; Gelatt, 1983; Toffler, 1980). The former wish to make changes within the existing structure. The latter pronounce education obsolete. Neither is satisfied with the status quo.

Toffler (1980) identified ours as a Third Wave society, beginning in the 1950s, and having been preceded in history by two other periods, industrial and agrarian. Industrialization is being replaced by information processing and technological advances that place enormous strains on both social and political institutions, as well as on economic systems. The nation is staggered by both the volume and direction of social change. Overwhelmed by repeated incidence of violence, child abuse and neglect, erosion of the nuclear family, the AIDS epidemic, mounting income inequality, and rampant substance abuse, citizens search for explanations or cures for social unrest, and schools quickly become targeted. Alarming as conditions in schools may be, schools are but a microcosm of what exists in the larger society. They too, are caught in the transition. Unfortunately, their reaction has been characterized by confusion, slowness, and absence of vision. Consensus on the mission of schools is yet to be attained.

Criticism of Education and Schools

Specific criticisms of education are numerous. Most of the education reform reports have dealt with the tremendous financial loss an uneducated or undereducated youth pose for the nation. Concern has been expressed that high school students are ill-prepared for college, and that even those who are college educated are ill-equipped to function well in a technological society (Carnegie Forum, 1986; National Commission on Excellence). Schools have been criticized both for lack of rigor (National Commission on Excellence), and lack of flexibility (William T. Grant Foundation, 1988). As happens with such reports, the concerns expressed and the solutions proposed reflect the vested interests of those who have commissioned the work. Aubrey (1984, 1985), in his reviews of the reform reports, aptly criticized their lack of comprehensiveness. Specifically, he denounced: (a) the focus on the triad of teacher-student-subject matter and the narrow definition of school learning that triad encompasses; (b) the advocation of a single curriculum for all, without appropriate recognition of the concomitant problems with school dropouts and pushouts; (c) the practice of evaluating school success solely in terms of test scores; (d) the inadequate representation of those most involved with education (educators, pupils, and parents) on the commissions; and, (e) the tendency to define leadership narrowly in terms of principalship.

Concerns related to the quality of education in American schools have not been limited to groups preparing reform reports. Many social scientists

and minority groups have long considered schools to be a bastion of middle-class ethnocentric bias that operates to inhibit upward mobility (Fuchs, 1969; Valdivieso, 1986). Others (Aubrey, 1973; Bilik & Blum, 1989; Kehas, 1965; Pullias, 1982; Schwartz, 1969) have concluded that the internal distribution of power and authority in schools robs teachers, counselors, and students of self-esteem, creativity, and motivation. Corporate or management models, adopted by many school administrators, impose an intrusive, top-down, oligarchic style that fosters dependency, passivity, and low morale. Such work settings do not attract independent, involved, and confident individuals. The purpose or mission of schools is believed by some to be confused or ill-defined (Gelatt, 1983; Hungerford, 1982; Pullias). Pullias described confusion in basic belief and philosophy as central to the crisis in education. He contended that many have lost faith in Judeo-Christian principles, which have served as a basis for our civilization, and, without an alternative, have adopted fanatical and unreasonable beliefs. However, a recently published analysis of a series of surveys (Rokeach & Ball-Rokeach, 1989) resulted in the finding that American value priorities remained markedly stable through the period of 1968–1981.

The Challenge

In view of the voluminous criticism leveled at education and schools within the past two decades, few would question the necessity for schools to change or for education to make greater contributions to society. However, education cannot be made a scapegoat for all that is ill with society (Carroll, 1985). Crises offer both danger and opportunity (Pullias, 1982). "Leadership assumes conflict and competition" (Paul, 1982, p. 539). Leaders, including those in education, must face the challenge, and, with renewed energy and vision, seek the necessary knowledge to structure schools in ways that provide equity and greater relevance for the nation's children and youth.

The Evolving Role and Function of Counselors in Schools

The current condition of education poses an interesting framework from which to view the evolution of the counselor's role in schools. Guidance and counseling programs came into existence in the early part of this century in response to a social need, "to meet the manpower demands of the industrial revolution and the urbanization of our society" (Stripling, 1983, p. 206). The placement of school graduates and dropouts, particularly the thousands of immigrants settling in cities in the Northeast, in appropriate vocations became a function of the schools. As the guidance model broadened, vocational education, heavily dependent on psychometrics for stature

and direction, developed in the nation's secondary schools and was supported by governmental legislation. The U.S. Office of Education encouraged state education agencies to have guidance supervisors, who worked in conjunction with trainers from colleges and universities, to introduce guidance concepts to teachers in schools. E.G. Williamson exerted considerable influence on the guidance movement by introducing a systematic, directive, counselor-centered approach to working with students in educational and vocational planning. Throughout these decades, persons performing guidance functions in schools were teachers (often referred to as guidance teachers) who obtained specialized training through in-service education activities, and whose primary function dealt with gathering, analyzing, and synthesizing information that would facilitate wise occupational choices by students (Gladding, 1988; Myrick, 1987).

The post-World War II era brought dramatic change. Counselor education programs were swiftly established in colleges and universities, and formal training became a part of the certification requirements for school counselors in most states. Carl Rogers's client-centered therapy became a major influence in counselor training programs, and the focus shifted from the practical guidance concepts of choice to the more esoteric ideals of facilitating holistic growth of individuals through the counseling process. With an almost seductive influence, client-centered therapy pervaded counselor education. It was still the dominant concentration of most programs when the National Defense Education Act (NDEA) was passed, following the launching of Sputnik I by the Soviet Union.

NDEA was designed to identify academically talented students and to promote their development, particularly in the disciplines of science and mathematics. Governmental support was made available for establishing and promoting systematic guidance, counseling, and testing programs in schools, and for preparing teachers, through counselor education programs, to become counselors to staff those programs. Support was extended in 1964 to include elementary school counseling; the number of school counselors had grown to over 30,000 by 1965 (Gladding, 1988).

Counseling, especially within the Rogerian mode, received greater emphasis in the academic preparation of NDEA counselors than had been characteristic of programs before that time. But, Rogerian theory was both incomplete and deceptively simple. Hundreds of newly prepared counselors returned to school settings steeped in "unconditional positive regard." All too frequently, they held ill-formed notions of developing school programs responsive to the total school population and of implementing the necessary guidance services demanded of a well-functioning program. Whereas some school counselors overcame these difficulties with innovation, professional renewal, and further academic training, others did not. Many persisted in extensive individual work with a few students while essentially retreating into isolation from broad involvement with the total school program. Oth-

ers, alienated from their teacher colleagues, identified with their school administrators and relinquished their professional roles to become pseudoadministrators.

Late 1960s and Beyond

The social unrest of the 1960s has had a lasting influence on the attitudes of many, including those most directly involved with education and schools. In the 1960s and 1970s, schools witnessed an upsurge in the popularity of behaviorism and the application of external rewards as methods of teaching, dealing with problem children, and shaping the behavior and attitudes of students. At about the same time, the professional literature began to question counselor effectiveness, with guidance (school) counselors being censured for not only not helping but doing damage to their clients (Carkhuff & Berenson, 1967). Dissatisfaction mounted among counselor educators with attempts to teach teachers to be counselors, the implication being that to do so was to make school counseling a specialization of the teaching role when teaching experience tended to be dysfunctional to counseling performance (Kehas & Morse, 1970, 1971).

Rapid social change was accompanied by the adoption of the corporate model by school administrators, which has served to severely erode collegial authority and joint responsibility in schools and colleges (Aubrey, 1973; Bilik & Blum, 1989; Naisbitt, 1982). As the management model was increasingly embraced by school administrators, systemwide counselor supervisors were replaced by coordinators, many of whom possessed neither training nor interest in school counseling (Bradley, 1988; Cecil, Comas, & Cecil, 1987; Schmidt & Barret, 1983). Freedom was further curtailed by a decade of accountability (Sweeney, 1979), with unprecedented demands for school counselors to provide evidence of guidance program effectiveness.

Through the 1970s and into the present, the changes in the larger society have been and continue to be mirrored in student populations. "Young people are now confronted by a host of opportunities, decisions, and conflicts that past generations have never known" (Myrick, 1987, p. 16). To an ever-increasing degree, schools are peopled with the unsupervised children of working parents, children from single-parent homes, pregnant teenagers, drug and alcohol abusers, and juvenile delinquents. Poverty, homelessness, and minority group status further complicate conditions. Dropout rates are high, even among students who are not failing school subjects (Children's Defense Fund, 1988; Myrick). Symptoms of "boredom, low self-esteem, and lack of motivation (Children's Defense Fund, p. i) afflict both the urban rich and poor. These are some of the children with whom school counselors work, and many do so with large overloads and meager administrative support.

As these factors have interacted to reduce interest in school counseling,

the American Association for Counseling and Development (AACD) has moved to promote licensure, establish a national registry, and implement accreditation for counselor preparation programs in efforts to bring greater credibility to the counseling profession (Sweeney, 1979). Despite these efforts, many state education agencies have failed to recognize the professional association as an effective force, choosing instead to equate school counselors with guidance teachers and holding to certification standards for school counselors that are far weaker than the standards adopted by the profession. Thus, many counselors working in school settings do so with legitimate but inferior credentials (Hubbard & Paisley, 1988).

The American School Counselor Association (ASCA) has developed role statements for school counselors that emphasize comprehensive, curriculum-based programs that employ developmental principles, focus on prevention, and include the total school population and the community served. The success with which such programs have been implemented is questionable, however. A recent survey (Tennyson, Miller, Skovholt, & Williams, 1989) found that Minnesota secondary school counselors were not integrating developmental principles into school programs; instead, their focus was on individual counseling and assisting students with schedules. Hutchinson and Reagan (1989) reported results of a survey of Indiana high school seniors in which students had no clear perception of distinctions between the roles of principals, teachers, and counselors. Rowe (1989) surveyed entering freshmen at Brigham Young University concerning whom they had sought out, as high school seniors, to discuss post-high school plans, and found that counselors had been sparsely involved and had infrequently initiated contact with students. In efforts to determine the status of secondary school guidance, Peer (1985) surveyed state directors of guidance in state departments of education and obtained a 74% response rate. Among the concerns expressed were counselor role abuse, program design and administration, and underdelivery of career guidance, group guidance, and group counseling.

The review of studies such as these provides evidential support that the role and function of counselors in schools has remained essentially static for 20 or more years, and that, as a professional group, school counselors have displayed unusual and persistent resistance to change.

The Need for Change in Education

The extent to which the citizenry draws relationships between the quality of education and conditions in society is exemplified by the following quotation.

> Youths who by age 18 have the weakest reading and mathematics skills,

> when compared to those with above-average basic skills, are eight times more likely to bear children out of wedlock, nine times more likely to drop out of school before graduation, five times more likely to be out of work, and four times more likely to be on public assistance. (Children's Defense Fund, 1988, p. 6)

Even when dissatisfaction with education is profound, there exists within the nation hope that deficiencies will be corrected, appropriate changes will be implemented, and survival of public schools will be assured. Goodlad's (1983) observation that should schools be dismantled they would soon be rebuilt seems prophetic.

A number of themes have developed in the treatises of those who have most carefully considered the status and future of education. These extend beyond the rather narrow economic-laden concepts projected in the reform reports, tend to be more holistic and more inclusive in nature, and, generally, deal with attempts to restructure schools in ways that are more responsive to the needs of society. Chief among them are: (a) revision of the purpose or goals of education and schools (Emans, 1981; Gelatt, 1983; Goodlad, 1976; Pullias, 1982; Schwartz, 1969); (b) movement from centralization to decentralization and shared leadership (Aubrey, 1973; Bilik & Blum, 1989; Gelatt; Hays, 1980a; Naisbitt, 1982; Schwartz; Wayson, Mitchell, Pinnell, & Landis, 1988); (c) developing better methods of coping with and helping students to cope with transitions (Herr, Lewis, & McDonough, 1983; O'Dell & Eisenberg, 1989; Shapiro & Bernadett-Shapiro, 1985); (d) modifying the role of teacher to that of facilitator of learning, as opposed to information-giver (Hulse, 1985; Johnson & Gilliland, 1987; Shapiro & Bernadett-Shapiro; Umansky & Hollaway, 1984); (e) restructuring school environments to be more growth-provoking, supportive, democratic, and inclusive (Dobson, Campbell, & Dobson, 1982; Fuchs, 1969; Jackson & Hornbeck, 1989; Pullias; Schwartz); and (f) promoting study and research that is long-term and process-oriented (Prilleltensky, 1989; Pullias; Stewart & Healy, 1989). These themes are not mutually exclusive, but, instead, overlap and interact, one with the other, to produce a new concept of education and vibrant and exciting schools. In fact, the Phi Delta Kappa study (Wayson et al., 1988) found most, if not all, of these principles in operation in "excellent" schools.

Purpose of Education

As change from an industrialized to an information society takes place, the long-held goals of the materialistic "American dream" and the "Protestant work ethic" hold less value for self-definition. Relationships assume greater importance; more leisure time allows increased opportunity for self-actualization. The purpose of education, as yet unclear, must deal with the

development of a consensual vision of what society is and should be (Pullias, 1982). Conflict now exists between those who support a technologically based, materialistic nation and those who advocate a more ecological, spiritualistic society (Gelatt, 1983). Pullias's statement that "The crisis in American education is no more acute than the crisis in our culture as a whole, or the crisis in practically every part of civilization" (p. 6) indicates the extent to which education is dependent upon the larger society for its definition of purpose.

Novel suggestions for the purpose of schools have been advanced as the society has become more pluralistic in nature. No longer does it seem reasonable to persist in efforts to create a homogeneous society. Recognition of the extent to which such a purpose would belie democratic ideals has resulted in the advancement of new goals, such as self-actualization (Schwartz, 1969), thinking (Goodlad, 1976), intuitive and creative thought (Gelatt, 1983), and a reassertion of John Dewey's concern with growth of thinking in individuals (Emans, 1981). These goals are compatible with individual expression and responsibility, and with commitment to democratic ideals.

Movement Toward Decentralization and Shared Leadership

Movement away from centralization is not limited to education, but is a trend visible in business, politics, and other institutions. Rapid change demands adaptation, and individuals who are highly specialized are viewed as less adaptable than are generalists (Gelatt, 1983; Naisbitt, 1982). Associated with centralization is top-down, corporate structure and authoritarian leadership, a system many (Aubrey, 1973; Bilik & Blum, 1989; Hays, 1980b; Kehas, 1965; Pullias, 1982; Schwartz, 1969; Wayson et al., 1988) have seen as contributing to lack of initiative and innovation in schools, and defeatism and apathy among school personnel, including students. Horizontal links that result in the internal redistribution of power and authority are held to be essential to revitalizing of the education process.

Coping With Transitions

Education has an important role to fulfill in assisting with society's transition from industrialization to technology, and with students' personal transitions that affect their school experience. At a broad societal level, concern exists particularly with achieving balance between technology and social invention. Schools are seen as a crucial vehicle for establishing such balance (Herr et al., 1983; Shapiro & Bernadett-Shapiro, 1985). The personal transitions of children, so clearly reflected in their adaptation to their school environments, are of major concern as well (O'Dell & Eisenberg, 1989). Family disruption, poverty, neglect and abuse, and early and ongoing ex-

posure to antisocial and maladaptive behaviors on the part of significant adults in their lives place many children at serious disadvantage in schools and in society. Schools must search for more sensitive and productive ways of responding to "at-risk children" to alleviate hurt and restore human meaning to their lives (Drennon, 1988).

Teacher Role

The modification of the teacher's role has been considered necessary, and generally involves the abandonment of the emphasis on information dissemination and the adoption of an emphasis on group facilitation (Johnson & Gilliland, 1987; Shapiro & Bernadett-Shapiro, 1985). Within this context, the teacher facilitates socialization and understanding among diverse groups while fulfilling group-leader roles of catalyst, orchestrator, and model (Hulse, 1985; Shapiro & Bernadett-Shapiro; Umansky & Holloway, 1984).

Restructuring School Environments

In addition to the part decentralization of authority and redefinition of teacher role would play in restructuring school environments, some (Dobson et al., 1982; Fuchs, 1969; Jackson & Hornbeck, 1989; Pullias, 1982; Schwartz, 1969) have dealt specifically with improving the social climate of schools. Dobson et al. reported a study of the relationship between elementary school children's self-concepts, satisfaction with school, and life change. Their findings identified classroom environment and at-school social experiences as being vitally important correlates of self-concept. In their preview of the report of the Carnegie Council's Task Force on Education of Young Adolescents, Jackson and Hornbeck expressed deep concern that middle schools be restructured to provide social climates supportive of basic values (e.g., trust, service to others). Both Fuchs and Schwartz were critical of schools and the education community for ignoring the influence of social structure on students and for reinforcing the isolation and segregation of the poor. Similar analyses have been applied to racial minorities (Simpson & Yinger, 1958). In addition, studies by Cumming and Cumming (1962) of the interaction of individuals' ego structure and the degree and type of available environmental support offer insights into the apathy that characterizes the education profession and the behavior of both students and teachers. Truly, the "spirit of the place" (Pullias) is acquiring an ever-greater role in reforming education.

As interest in education reform has mounted, the inadequacy of current research has become clear. Much of what constitutes the literature is opinion, albeit considered opinion. Pullias (1982) suggested that the process of effective education be continuously studied, and that the potential and limi-

tations of humankind be restudied. Although Prilleltensky (1989) directed his criticisms to psychology, his concern that current theory may be providing faulty ideological ammunition can be applied to education as well. Stewart and Healy's (1989) theory that an individual's experience of social history is linked to his or her personality development provides an interesting and potentially useful approach to the study of life-span development. These examples of topics suggest that study and research of education-related phenomena would be enhanced by greater attention to process and by greater emphases on longitudinal aspects.

The Need for Change in Counselor Role and Function

As changes are made in education and schools, concomitant change is necessary in the ways counselors function in schools. Beck (1967) cautioned that professions are ethically bound to engage in frequent reevaluation to ensure that goals and procedures remain relevant. Engels and Muro (1986) built an excellent case for maintaining that counseling, as a profession, has a history of anticipating and responding to societal change. Furthermore, Schmidt (1984) warned that the following ingredients are necessary for the survival of any profession: (a) consensus of members concerning role and function and professional education; (b) common expectation by consumers of services; and (c) demonstrated effectiveness.

The survival of school counseling has been of considerable concern within the profession. Articles (Aubrey, 1973; Barret & Schmidt, 1986; Boyd & Walter, 1975; Cecil & Comas, 1985; Comas, Cecil, & Cecil, 1987; Donigan, 1974; Hays, 1980a) dealing with school counselor isolation, conflict in training and practice, inadequate supervision, and ineffective practice are numerous. Special groups have been organized within the professional association to develop strategies for strengthening school counseling through the modification of role and function. These efforts have included two AACD Foundation grants to support workshops dealing with school counselor recruitment, preparation, and professional survival; an AACD National School Counseling Task Force to prepare recommendations for implementation of change; the ACES National Task Force on Education, which seeks to gain support for implementing change and research related to change; and the various committees working on school counseling issues within the structure of both ACES and ASCA, such as the ASCA Research Committee and the ACES School Counseling Network. The profession seems ready to reach consensus on the issue of the role and function of school counselors.

What Changes Should be Made?

Agreement seems to exist that supports the school counselor's being expert in the knowledge of human development and in being able to introduce developmental concepts appropriately into school curricula to establish programs of primary prevention (Adkins, 1977; Hays, 1980a). Through such programs, healthy learning environments and improved school climates would be established (Adkins; Dagley & Gazda, 1984; Thomas, 1989). Student development, as opposed to remediation, would be a major focus of the counselor and of the school (Dagley & Gazda). Services, as such, would be replaced by the program-based model, with guidance being integrated into instruction.

Long-term counseling with individual student clients constitutes questionable professional practice and ineffective use of counselor time. General consensus supports consultation as the primary focus for counselors, allowing for work with a wide variety of publics (students, parents, teachers, administrators, community members, and professional and service organizations). Bundy and Poppen (1986) summarized articles, covering a 28-year span, from the *Elementary School Guidance and Counseling* and the *School Counselor* journals, where consultation had been used as a treatment mode and outcomes had been evaluated quantitatively. They concluded that consultation was effective, both for purposes of prevention and intervention. Other research studies have supported consultation for the enhancement of school achievement (Robinson & Wilson, 1987; Thompson, 1987). In addition, consultation has been advanced as an appropriate counselor role for purposes of improving student self-concept (Robinson & Wilson); implementing programs of stress intervention (Celotta & Jacobs, 1982; Omizo, Omizo, & Suzuki, 1988); teaching teachers consultation, counseling, communication, and classroom management skills (Ryan, Jackson, & Levinson, 1986); and facilitating value and moral growth of students (Kohlberg & Wasserman, 1980).

In the interest of effective use of counselor time and in efforts to be responsive to the total school population, group work has received support as a method for counselors to employ. France, McDowell, and Knowles (1984) described group activities designed to foster self-growth in lonely adolescents. Childers and Podemski (1987) advocated group work for confronting social trends that have caused problems for secondary students, and for implementing programs of preventive counseling.

Major recommendations for change in school counselor role and function focus on the shift from extensive individual counseling to methods more inclusive for the entire school population, such as consultation and group work. They emphasize programs of prevention based on a knowledge of developmental constructs. Counselors act to provide an environment that supports learning, enhances student development, models democratic

principles, and assures a humanistic setting. Expert and referent power will become their most important tools (Hays, 1980b). The ability to establish goals, develop stated outcomes, and implement and evaluate effective programs of developmental guidance will be crucial to counselor success (Gysbers & Moore, 1972; Hays, 1980a; Russo & Kassera, 1989).

School counseling is at a crossroads. Old practices associated with a pseudoadministrative or teacher role, isolation from total school involvement, and inadequate program development and implementation haunt the profession. But, because education and schools are in a position where change is inevitable, school counselors have an unusual opportunity to implement change as well. That change must involve not only revisions in role and function, but carefully designed research to undergird those revisions, complementary changes in counselor preparation programs, and concerted professional effort to make state certification standards for school counselors compatible with professional standards.

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CHAPTER 3

Health Needs Facing Our Nation: A Life-Span Perspective

Sharon E. Robinson and Sari L. Roth

When discussing the health demands our society faces, it would be ideal if each issue could be examined from a variety of perspectives: physical health, emotional health, mental health, and perhaps even spiritual health. However, the role of a monograph chapter is not to give an in-depth treatment to the issues of health, but to present an overview of the most pressing concerns we face and to provide some input on how counselor educators, supervisors, and practitioners can address these concerns. Therefore, to organize the presentation of such a complex topic, this chapter is divided according to life stages: childhood, adolescence, and adulthood. Under each life stage, major health issues are discussed. Finally, suggestions for preparing counselors to meet these evolving health demands and challenges are made.

Childhood

A multitude of disorders come to mind, particularly those listed in the DSM III-R (American Psychiatric Association (1987), when addressing the subject of childhood health. There are also numerous organic disorders such as recurrent abdominal pain (the stomachache that often seems to have no physical cause), juvenile diabetes, and juvenile arthritis that are now recognized as having distinct psychological components. Also included in the realm of childhood health disorders is child abuse with its physical and psychological traumas.

Enuresis

Enuresis or bed wetting is among the most common of childhood disorders. Approximately 5 to 15% of children in early to middle childhood

exhibit enuretic behavior (Shaffer, Gardner, & Hedge, 1984), which involves both behavioral and bladder abnormalities. For example, Shaffer and his colleagues found that children diagnosed with a psychiatric disorder showed significantly lower bladder volumes and had more developmental delays. They stated that such traditional classifications as primary or secondary enuresis and familial or nonfamilial are of little value because they do not take both the behavioral and bladder abnormalities into account. Additionally, parental attitude seems to play an important role in this disorder in that parental inconsistency tends to exacerbate the child's symptoms (Rosch, 1987).

When considering childhood organic conditions in general, research has shown that symptoms can arise from the stress of coping with a particular illness. In fact, symptoms such as sleep disturbances and anxiety have been found to interfere with the medical management of a disease and have in some instances even exacerbated in illness (Masek, Fentress, & Spirito, 1984).

Interestingly, research is now showing that children displaying behavioral symptoms and health complaints often have underlying organic disorders (i.e., diabetes, hyperthyroidism, seizures, etc.) that go undiagnosed. Olness and Libby (1987) found that when these underlying diseases were diagnosed and treated, many of the accompanying psychological symptoms went into remission. These findings reinforce the important link between organic and psychological components of disease.

Recurrent Abdominal Pain (RAP)

Recurrent abdominal pain is a common problem among children in their early school years. It is an organic disorder that has been strongly linked with a psychological component. Research studies have shown correlations between RAP and high levels of anxiety (Hodges, Kline, Barbero, & Woodruff, 1985), irregular temperament styles (Davison, Faull, & Nicol, 1986), and traumatic life events particularly related to illness, hospitalization, and death (Hodges, Kline, Barbero, & Flanery, 1984; Wasserman, Whitington, & Rivera, 1988). Parental involvement in the etiology and maintenance of RAP has also been examined. For example, Hodges et al. (1985) suggested that high levels of anxiety exist not only in children with RAP but also in the parents of these children. Wasserman et al. (1988) have shown that many children presenting RAP symptoms come from families with a history of abdominal pain. Often these investigations have discussed RAP in terms of learned behavior, and it is thought that RAP may be learned through parental modeling and selective reinforcement of this type of chronic pain behavior (Sammons & Karoly, 1987).

Juvenile Diabetes

The most common childhood endocrine disease is insulin-dependent diabetes mellitus, or juvenile diabetes, (Hamburg, Elliot, & Parron, 1982). Yearly, an estimated 5 to 10 thousand children in the United States are afflicted with this disease (Cahill & McDevitt, 1981). Emotional stress, psychosocial factors, and familial factors are all thought to play a role in its etiology (Brand, Johnson, & Johnson, 1986; Hauser, et al., 1986). Research focusing on the family has been particularly prevalent. Discussing the profound effect that a child's diabetes has on family life, Kennedy-Iwai (1988) maintained that the daily management of diabetes itself puts a considerable amount of strain on the family. This strain often negatively affects familial communication and structure.

In terms of psychosocial factors, the diabetic child is thought to be more likely to have more social difficulties than nondiabetic children (Pless, 1983; Rovet, Ehrlich, & Hoppe, 1987). Diabetic children with poor control of their illness have also been found to be particularly susceptible to feelings of depression and low self-esteem, which may be due to accompanying feelings of defectiveness and helplessness in relation to bodily functioning (Rodin, 1983). Children suffering from juvenile arthritis often experience psychosocial problems similar to those of children with juvenile diabetes. Growth failure may influence the child's maturity level, and debilitating physical pain and deformity may interfere with normal play activities, contributing to social difficulties, feelings of depression, and low self-esteem (Kredich, 1985).

Child Abuse

Child abuse has become another matter of increasing concern in our society. One general definition of child abuse is "the emotional, physical and/or sexual maltreatment of a minor by a parent or an adult caregiver" (Cooney, 1988, p. 1). All three types of child abuse have distinct physical or psychological effects on the child victim. Although emotional abuse frequently accompanies physical or sexual abuse (Cooney, 1988), it is uncommon for the sexually abused child to be physically abused (Bass & Thornton, 1983), although the threat of physical abuse is often implied by the abuser.

It seems that young children are particularly susceptible to emotional abuse. Because most children are at the preoperational or concrete stages of cognitive development and they consider their parents as all-knowing, threats and insults are often taken literally (Cooney, 1988). Any type of emotional abuse, from mild to severe, causes deleterious effects on the child's emotional development and often results in low self-confidence and esteem. When these children reach school, they often expect not to do well,

and this becomes a self-fulfilling prophecy. They also tend to have difficulty relating to their peers (Garbarino, Guttman, & Seeley, 1986) and begin to act out to conceal their feelings of inadequacy (Cooney, 1988).

Physically abused children experience both emotional and physical damage that can lead to physical or mental handicaps. It is estimated that 7 to 15 young children (usually under age 3) die daily from physical abuse and many more sustain some type of directly related serious injury (Kempe & Kempe, 1978; O'Brien, 1980). Physically abused children often have low self-esteem and think of themselves as bad children. Once again, this can have a profound negative effect on their social behaviors and academic achievement.

It has been estimated that one out of four girls and one out of five boys will be victims of child sexual abuse before the age of 18 (Waterman & Lusk, 1986). It has also been reported that 50% of child abuse victims are molested in their own or in the offender's home, with a stepfather six times more likely than the birth father to be the abuser (Alter-Reid, Gibbs, Lachenmeyer, Sigal, & Massoth, 1986).

Sexual abuse, which includes all types of inappropriate sexual relations between an adult and a minor, most often results in serious psychological difficulties rather than in major physical difficulties. Sexually transmitted diseases and genital lesions or infections are among the physical indicators of sexual abuse. Cooney (1988) pointed out that the impact that sexual abuse is likely to have on a child seems to be dependent on "the duration of the abuse, the age at onset, and the closeness of the relationship of the victim to the abuser" (p. 7). The longer the duration, the earlier the abuse begins, and the closer the relationship, the more likely the child is to experience intensely negative psychological reactions. Stomachaches, headaches, encopresis, enuresis, and sleep disturbances are common psychosomatic effects of sexual abuse (Waterman & Lusk, 1986). Anxiety, depression, low self-esteem, guilt, loss of childhood, a sense of helplessness, and distorted sexual attitudes are among the many damaging psychological effects of sexual abuse (Cooney, 1987). Once again, all of the above can lead to a child who has trouble relating to his or her peers and has performance difficulties in school.

The subject of childhood health concerns seems to extend far beyond the disorders listed in the DSM III-R. As children develop into adolescents and ultimately into adulthood, many of the psychological as well as the physical effects of these disorders will accompany them unless they receive help.

Adolescence

As children enter their teenage years, a whole new world opens to them, and with this new world come new risks and challenges. As was pointed out in the television special "A Generation At-Risk", 1 in 4 teenagers

abuses chemicals, 1 in 4 is a high school dropout, 4 in every 10 teenage girls get pregnant, and there is one teen suicide or suicide attempt every 90 minutes. These are frightening statistics. In addition to these at-risk behaviors, adolescents are increasingly facing physical health problems such as anorexia nervosa, bulimia, and the chronic diseases most common among adults (i.e., cancer, arthritis, etc.).

Substance Abuse

The leading cause of death among adolescents is driving while intoxicated (DWI). Recent national statistics revealed that 92% of all high school seniors have tried alcohol (Beschner, 1986; Business Research Publications, 1987), 41% claim occasional binging, and 5.7% use alcohol daily (Johnston, O'Malley, & Bachman, 1984). Although laws have been passed that make drinking alcoholic beverages illegal for minors, it is rare for a teenager not to have experimented with drinking.

When consumed, alcohol functions as a depressant. If the blood alcohol level (BAL) is .05%, there is lowered alertness, relaxing of inhibition, impaired judgment, and usually a sense of feeling good. As the BAL increases, ability to judge accurately declines, reaction time slows, and both motor and sensory abilities are impaired. Intoxication is officially reached at .20 BAL, stupor at .30 BAL, and death can occur at .35 BAL. Although physical damage due to drinking is rare among adolescents, prolonged abuse can result in gastritis and inflammation of the pancreas. Alcohol is currently the leading substance abuse problem among teens, and it negatively affects cognition, behavior, and the body and has been connected to increased crime, violence, and suicide.

The second leading substance adolescents abuse is marijuana. While having a sedative effect and causing a dreamy high, marijuana alters the natural metabolism processes of neurotransmitters in the brain and has a negative effect on brain, cardiovascular, pulmonary, endocrine, and psychological functioning, often resulting in short-term memory loss and decreased ability to learn. In heavy marijuana users, this may lead to the amotivational syndrome where the marijuana users are lethargic, lack motivation, and are content to do nothing. These symptoms are of particular concern given the increasing number of teens using marijuana. For example, according to Borton (1983), half of all 7th graders are being pressured to try marijuana and by 12th grade, 57% have given in to this pressure, and 5.5% use it daily. This means that in a school of 1,000 students, 55 are under the influence of marijuana as they sit in their classes and try to learn. Not only is learning ability hampered, but these teenagers may be placing themselves at risk for cancer because marijuana influences the lungs in a manner similar to cigarettes.

Young teenagers between the ages of 11 and 15 often experiment with

inhalants such as airplane glue, gasoline, cleaning fluids, and aerosols. In addition to a short-lived high, sniffing these substances can result in lack of coordination, excitement, confusion, difficulty walking, delirium, and coma. Long-term use can cause kidney, liver, brain, and nerve damage. Sudden sniffing death is also directly connected with inhalant abuse followed by excessive exercise or stress.

Although most substance use is declining, use of cocaine and other stimulants is increasing. Known as the yuppie drug of the 80s, cocaine produces a powerful psychological addiction, and the body quickly develops a physical tolerance for the drug, requiring higher doses to get high. Not using cocaine regularly results in the abstinence syndrome characterized by insomnia, nausea, agitation, depression, and headaches. Although very expensive in the pure powder form, cocaine can be gotten on the street in the cheaper form of crack, which is highly dangerous and addictive. The cocaine problem is of such magnitude that a national hotline (1-800-COCAINE) has been established to help users.

Teen Suicide

A second major at-risk behavior of adolescents is suicide. According to Maris (1985), between 1960 and 1980, teen suicides increased 237%, and now suicide is the second leading cause of adolescent deaths. This is particularly frightening when one realizes that there are 10 times more suicide attempts than the suicide completions on which the statistics are based.

The causes of teen suicide can be clustered into three domains—the struggle to develop and integrate a unique identity, familial factors, and environmental factors (Capuzzi, 1986). Filled with turmoil and uncertainty, this stage of development is particularly difficult. Capuzzi listed the following areas that seem to be factors in the evolution of suicidal tendencies: (1) low self-esteem; (2) poor communication; (3) high social or academic achievement orientation; (4) poor problem-solving skills; (5) narrow range of interests/commitments; and (6) high stress. Typical family factors include blended, single-parent, or dual career families, abusive families, parents in mid-life transitions, poor intrafamily communication, and occurrence of a loss such as a death or moving. Societal trends that also enhance the risk of suicide are the pressure to achieve, uncertainty about the future, mobility, graduation from high school (fear of the unknown, being on one's own), drug abuse, and world unrest (Capuzzi). Adolescents need help for most of these risk factors to make it past developmental hurdles and pitfalls.

Teen Sexuality

One cannot address the health demands of adolescents without discussing teen sexuality. Of the 29 million teenagers in America, about 12

million are sexually active, and approximately 1.1 million will become pregnant. Each year nearly one half million babies are born to teen mothers (Children's Defense Fund, 1982). Of the unintended pregnancies, 26% occur in teens under the age of 15. Eighty percent of teen mothers who have babies before the age of 17 will drop out of school. The younger the teenager is when she gives birth, the more likely she is to have subsequent births: 19% of births to teen mothers are second births and 4% are third births (Studies target teen pregnancy, 1986).

Hayes and Cryer (1987) discussed four realities a pregnant adolescent must face. The socioeconomic reality includes substandard housing, poor nutrition, unemployment, excessive fertility, social isolation, and socioeconomic dependency. The educational reality is that about 60% of pregnant teens never finish high school. For the 20% who get married, about 50% will not be living with the father within 15 years of marriage—the marital reality. The last reality, the medical, has to do with the teen's physical ability to carry and give birth to a baby. These girls are less likely than adult women to seek prenatal care, and medical complications are exceptionally high for women under age 18. Deaths due to these complications are 13% higher than the national average for mothers between 15 and 19 and 60% higher for mothers under 15. In addition, their babies are twice as likely to have low birth weight, which is the major cause of infant mortality and contributes to serious childhood illnesses, birth injuries, and neurological defects (Alan Guttmacher Institute, 1981).

Not only is teen childbearing detrimental to the individuals involved, but the cost to our society is also staggering. In the year 1985, through three programs—Aid to Families with Dependent Children, food stamps, and medicaid—$16.65 million was paid to women who first gave birth as teenagers. No longer can we ignore the needs to educate our youth about sexuality and the responsibilies and risks of being sexually active.

AIDS

Although not primarily an adolescent disease, one cannot discuss sexuality without being acutely aware of the national crisis resulting from the AIDS epidemic. The number of people across all age categories being diagnosed with AIDS is expanding so rapidly that prevalence data are constantly in flux. Former Surgeon General Kopp noted that by the end of 1991, an estimated 270,000 cases of AIDS will have occurred, with 179,000 deaths since it was first recognized. Life expectancy for an AIDS victim can be as little as 3 months or as long as 20 years, depending on the disease progression and the individual's constitution. The Center for Disease Control (CDC) estimates that 1.4 million people are infected with the AIDS virus (Pelosi, 1988), and that the cost for health and support services for known cases will be between $8 and $16 billion.

Because AIDS is a behaviorally transmitted disease, the role of behavioral health care providers is clear—help to reduce intravenous drug abuse (25% of AIDS cases are intravenous drug abusers) and to foster responsible sexual behaviors, thereby helping to control transmission of sexually transmitted diseases. The fact that the AIDS incubation period is from 8 to 10 years can distance the reality to the extent that adolescents find it very difficult to take the threat of AIDS seriously. Education, prevention, and intervention programs must begin to address these issues.

Adulthood

As adolescents grow older and enter adulthood, they not only carry any difficulties that they may have encountered along their developmental path, but they face new physical and psychological challenges. Adults may need to deal with addictions, chronic illnesses, gender-specific concerns, as well as general aging factors.

Addictive behavior, whether it be in the form of substance abuse such as alcohol or cocaine, excessive ingestion of food leading to obesity, or smoking, is one of the most widespread and relentless mental health problems currently troubling our society (Carson, Butcher, & Coleman, 1988). One of the most prevalent forms of addiction is alcoholism. It is estimated that 10 to 15 million American adults frequently abuse alcohol and that approximately 50,000 to 200,000 people die each year of alcohol-related illness, accidents, and violence (Hamburg et al., 1982). Research has shown that the use of alcohol is associated with 60% of all murders, 40% of all assaults, and 33% of all rapes and child molestations (U.S. Department of Health and Human Services, 1984). This is particularly frightening because no single cause of alcoholism has been found, thus making treatment difficult.

Chronic Illness

Chronic illnesses such as cancer, arthritis, and coronary heart disease are not limited to adults but are most prevalent among this population. Approximately one out of three people in the Western world will get some type of cancer (Hughes, 1987); approximately one out of seven individuals and one out of three families are affected by some form of arthritis (Kushner, 1984); and coronary heart disease is cited as the leading cause of death and disability in the United States and other Westernized countries (Thoresen & Eagleston, 1984).

The role of stress in the etiology and maintenance of chronic illness has been a major focus of study (Cooper, 1984; Hughes, 1987) and intervention, although research suggests that stressful life events may be viewed

as intervening rather than primary sources of illness (Cooper). A recently completed and groundbreaking prospective study by Grossarth-Maticek and Eysenck suggests that personality attributes can be accurate predictors of cancer and heart disease (Eysenck, 1988) and that "repressed emotions and hopelessness" can be linked to cancer, whereas "hostility and aggression" can cause heart disease (Fishman, 1988, p. 27). It will be remembered that in 1974 Rosenman and Friedman introduced the concept of a Type A personality that described individuals who are heart-attack prone due to their competitive, impatient, and hostile behavior patterns. The findings regarding personality help to verify the important link between the physical and emotional/mental components of chronic disease and provide counselors with benchmarks for treatment strategies.

It is also important to note that chronic disease brings about a number of life changes. These changes include both physical and psychological losses such as decreased functional ability, independence, and self-esteem. The ability to cope effectively with these changes has been shown to affect disease progression positively (Bieliauskas, 1984; Felton, Revenson, & Hinrichsen, 1984; Okun, Zautra, & Robinson, 1988).

Gender-Related Illness

There are certain gender-oriented health concerns such as premenstrual syndrome (PMS), menopause, and infertility that must be addressed by our society as well. PMS is one of the most recently recognized and controversial women's health issues. In this past decade the Congress of Psychosomatic Obstetrics and Gynecology formally acknowledged the psychosomatic as well as the hormonal component of PMS (Dalton, 1987). Proposing a biobehavioral explanation for PMS, Blechman (1983) argued that when menstrual bleeding is seen as an aversive experience, a woman will be more likely to dread its onset and become susceptible to premenstrual complaints and avoidance strategies. Kerstner and Robinson (1987) found that women who had a feminine gender-role orientation were more likely than those with a masculine orientation to report premenstrual symptoms. As of yet, however, there is no consensus on the etiology of this disorder and even whether it should be classified as a disorder (Walsh, 1987).

Another female health issue receiving considerable publicity is infertility. In the last 20 years the infertility rate has tripled, and it is now estimated that one in six couples will encounter infertility (Leiblum, 1988). Regardless of the cause, infertility can have devastating psychological repercussions (Leiblum), particularly for women because they physically bear the children. Losing the choice of whether or not to have children can have numerous psychological effects such as decreased self-esteem, lessening of one's sense of personal control, and disruption within the couple's relationship.

As our population lives longer and as hysterectomies become more prevalent, an increasing number of women are facing menopause. The endocrine changes that occur during menopause lead to physical changes and possible physical symptoms, and these in turn often lead to psychological reactions (Strickland, 1988). Controversy exists as to whether the possible difficulties from menopause are strictly physically based (Budoff, 1987) or if they are more socially and economically determined (McKinlay & McKinlay, 1987). In either case, the postmenopausal woman must confront the reality of no longer being capable of bearing children and how this influences her sense of self-worth and femininity.

Aging

Because contemporary American society is obsessed with eternal youth and health, aging is viewed as an undesirable process. Yet, approximately 11% of our population is currently past 65 years of age, and due to the postwar baby boom, it is estimated that by the year 2030, 18.3% of our population will be elderly (Belsky, 1984). Some of the changes the elderly are forced to confront include loss of work-role identity, loss of a significant other, increased health problems, decreased financial support, loneliness, excessive free time, peer and family group changes, and decreased independence (Gross, 1988).

In the hope of helping the health care community face the challenges of working with individuals in this growing population, research in the areas of physiological degeneration, cognitive changes, life transitions, and physiopathology specific to the elderly has increased in the last two decades (Belsky, 1984; Birren & Renner, 1977). Because definitions and theories of aging vary, as do the needs of the aging individual, current researchers have begun to differentiate aging in terms of biological age, psychological age, and sociological age. Biological age refers to one's present potential life span, psychological age is defined as one's adaptive and functional capabilities, and social age refers to one's roles in society. Interactions among these three aspects and how these relate to health issues are of major concern (Birren & Renner).

All of the aforementioned point to the important role of individual characteristics in regard to each of these adult health concerns and give credence to Dunbar's well-know adage, "Many times it is much more important to know what kind of patient has the disease than what kind of disease the patient has" (Rosch, 1987, p. 17).

Summary of Health Concerns

This overview just scratches the surface of the health problems and challenges our nation faces. Medical professionals alone cannot meet the

multidimensional demands these health issues cause; therefore, it is imperative that those of us in the mental health profession examine how we can contribute our expertise to address these concerns. It is evident that the role of the mental health professional will depend on the setting in which he or she is working and on the age group of the clients. For example, school counselors at an elementary level will function differently and provide different services than will the school counselor working at the secondary level or the agency counselor working with adults. Our role as counselor educators and supervisors is to determine how we can best prepare counselors to work with individuals across the life-span to help them cope with their health-related problems.

Preparing Counselors to Meet Health Challenges

In 1988 the Association for Counselor Education and Supervision established a National Task Force on Health Issues. At the 1989 annual meeting of the American Association for Counseling and Development, the National Task Force on Health Issues met and outlined curriculum competencies and constructs that counselors functioning within the health arena should possess. What follows are not the sole ideas of the authors of this chapter, but represent the thinking of Task Force members, including Drs. Margaret Fong, David Capuzzi, Judith Cooney, Jane Myers, Liz Gray, and Gordon Gibson.

The eight content areas required for CACREP program approval were chosen as the framework for training counselors to work in health-related settings. The content areas will be discussed briefly with respect to domains of information students should know as they work with client health issues.

Helping Relationships

In addition to basic communication skills, decision-making skills, and theories of behavior change, the Task Force indicated that the following are essential: (1) coping skills, (2) referral skills, (3) outreach skills, (4) skills to assess environmental readiness for health intervention, (5) systems theory, (6) stress management, (7) crisis intervention, and (8) knowledge of psychoeducational approaches to intervention. The Task Force also stressed their belief that a counselor cannot help a client to lead a healthier life (mental, emotional, physical, or spiritual) unless the counselor is involved with continual development and growth, both personally and professionally.

Assessment/Appraisal

All counselors need basic information about testing and certain group tests, as well as having the ability to use the Diagnostic and Statistical Manual (DSM III-R) of the American Psychiatric Association (1987). Of particular importance for health work are: (1) the ability to do diagnostic intake and assessment, including focus on activities of daily living, (2) the ability to conduct behavioral observations, (3) knowledge of behavioral assessment instruments, and (4) knowledge of assessment of substance abuse and medical history.

Life Span and Human Development

Because health issues change at different stages of one's life, it is imperative that counselors be aware of developmental issues at all life stages. Not only should counselors know physiological, cognitive, and psychosocial development; they should also understand the interlocking effects of work, play, and love in illness and health. In addition, human sexuality is an essential component of an individual's life that is often affected by health issues. The role of loss and grief in illness should be recognized as well as the concepts needed to teach adults (adult learning principles).

Sociocultural Influences

The United States has long been known as the "melting pot" of individual and group differences. That melting pot metaphor presents an inaccurate picture of our society. Today, we are struck by the richness of our ethnic and cultural diversity, gender differences, alternative life-styles, and religious diversity, to name only a few dimensions. Far from the melting pot metaphor, our culture is driven to acknowledge individual and group diversity. Students and practitioners in the health arena also must be well informed about blended families, single-parent families, child abuse, substance abuse, teen pregnancy and school dropout, the issues of homelessness, unemployment, AIDS and HIV transmission, and the effect of these variables on health counseling.

Group Work

In addition to understanding group theory and processes, health counselors will be called upon to facilitate structured problem-specific groups such as smoking, parenting, anger management, assertiveness training, widowhood survival, and so forth. The prevalence of self-help groups and support groups indicate that they may serve as buffers as people try to cope with life's challenges that negatively affect health. Counselors must be aware

of how to run groups focusing on such issues as suicide, drugs, or parents united.

Careers

The role work plays in forming an individual's self-concept and how that interacts with personal health is central to the health counselor's view of careers. Therefore, the following issues must be addressed in training: (1) career development and transitions, (2) career assessment at various life stages, (3) career decision making across the life span, (4) retirement and what it means, (5) multiple roles, (6) role of leisure time, play, and laughter in health, (7) volunteer activities to enhance client and society, and (8) the effect of a sense of control, commitment, and meaningfulness in relation to work, leisure, and health.

Research and Evaluation

Counselors working in the health domain must be prepared to evaluate client progress along several continua, including emotional health, spiritual health, mental health, and physical health (or be prepared to consult with someone who can). They must also be able to design, conduct, analyze, and interpret needs assessments upon which psychoeducational or therapeutic interventions can be built. Both process and outcome program evaluation skills are needed. Finally, counselors must be skilled and informed consumers of research and be knowledgeable of methods for researching health concerns.

Professional Orientation and Ethics

Counselors must be aware of the various professional associations that focus on health issues, including the Division of Health Psychology (APA), the Society of Behavioral Medicine, and the National Task Force on Health Issues (ACES). They should have a working knowledge of professional ethics and medical ethics. In addition, state and federal law and case law that would affect professional practice should be a part of the counselor's training.

Summary

Although this chapter has attempted to provide an overview of counseling and health issues, we have barely scratched the surface of health problems our nation faces. The National Task Force on Health Issues advocates a broad definition of health that includes the many types of health

as well as the entire health concerns continuum. We can no longer focus only on the mind or the body but must realize that a holistic approach to health is essential. Furthermore, we must realize that a healthy life is an individual right, but with that right go certain responsibilities. We must take responsibility for the ways in which we lead our lives. We cannot expect to remain healthy when we choose too many unhealthy behaviors—working 10 to 12 hours a day, forgetting to eat or eating unhealthy foods, or forgetting to integrate leisure and play activities into our daily existence.

The role of counselor educators and supervisors is to prepare counselors to be competent and effective in helping clients maintain healthy life-styles or cope with illness. These tasks require special skills that are above and beyond traditional counselor preparation. To meet the present and future health challenges of our society, we must expand our training to include these health issues that are increasingly present for clients.

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CHAPTER 4

Career Development and Counselor Preparation

Kenneth B. Hoyt

Is there a need for an increased or different emphasis on the topic of "career development" in counselor education and supervision? Answers to this question will necessarily vary widely depending on the perceptions and background of the respondents. The purpose of this chapter is to provide a point of departure that will help others to answer this important question.

Five approaches will be used including: (1) a historical perspective that covers the last 40 years; (2) identification of current elements calling for an increase in the substantive content of counselor education in general; (3) a brief review of efforts during the last decade to emphasize the need for change in career development aspects of counselor education and supervision; (4) an attempt to relate these needs to the much broader topic of educational reform; and (5) a series of possible policy questions concerning the need for change in career development aspects of counselor education.

Most readers will quickly note a bias in this chapter in placing a primary emphasis on the education and supervision of school counselors. This bias reflects a combination of (a) the traditional/historical primary career development concerns of ACES; and (b) the great majority of current existing literature specifically devoted to career development aspects of counselor education and supervision. To atone for this bias, efforts also will be made to recognize illustrative efforts aimed at preparing career development specialists for noneducational settings and for working with nonstudent populations.

Career Development in Counselor Education and Supervision: A Personal Historical Perspective

I was first employed as a school counselor in 1948. At that time, the only professional guidance association I knew I could join was the National

Vocational Guidance Association (NVGA). As an NVGA member, I received *Occupations* magazine, whose articles emphasized vocational guidance. I studied each issue from cover to cover. There was no doubt in my mind that my major job duties were to meet the educational and career development needs of students. At that time, national federal leadership for guidance was headed by Harry Jager and his colleagues in the Vocational Education Division of the U.S. Office of Education. Jager's operations, as well as those of the state guidance supervisors reporting to him, were funded under provisions of the George-Barden Act of 1946 (the Federal Vocational Education Act). Using this same source of funding, state guidance supervisors funded those counselor education programs that agreed to teach the courses developed under Jager's leadership. The primacy of vocational guidance was clear to all concerned—the USOE, state departments of education, local school boards, and practicing school counselors.

When the American Personnel and Guidance Association (APGA) was formed in 1952, most school counselors who joined as charter members did so as members of NVGA. Although the American School Counselor Association (ASCA) did not exist at that time, the impetus for its formation began almost immediately after the creation of APGA. Part of the rationale used for establishing ASCA was that the duties of professional school counselors included both educational and personal guidance *in addition to* vocational guidance. This rationale, coupled with clear APGA provisions making it easy for APGA members to belong to more than one division, placed NVGA in the forefront of efforts to establish ASCA. Perusal of the earliest editions of ASCA's official journal, *The School Counselor*, provide clear evidence that ASCA tried, in its early years, to broaden the school counselor's base of operations beyond vocational guidance without in any way rejecting the importance of vocational guidance.

National Defense Education Act

Passage of the National Defense Education Act (NDEA) in 1958 brought about quick and dramatic changes to the guidance and counseling movement in several ways. First, it shifted federal leadership from the Vocational Education Division of USOE to the Elementary & Secondary Education Division (Title V-A) and the Higher Education Division (Title V-B) of the U.S. Office of Education. Second, it clearly emphasized the primary guidance mission as one aimed at (a) identifying intellectually able youth capable of succeeding in college or university programs and (b) encouraging such youth to attend college. (This was met with great enthusiasm by those school counselors who interpreted it to mean their major responsibility was now to help bright students go to college—something many had wanted to do for some time). Third, NDEA's Part B, with its emphasis on "Counseling and Guidance Training Institutes," resulted in a rapid expansion of

counselor education programs in colleges and universities. By 1961, it was reported that 475 colleges and universities were engaged in counselor education with not more than one fourth of these representing clearly recognized, well-established programs (Dugan, 1961). With NDEA's "intellectually able student/college attendance" emphasis, it is easy to understand why most of the new counselor educators employed for the first time between 1958 and 1961 had little concern for, nor interest in, vocational aspects of guidance—or for noncollege-bound students. It was much easier for them to learn the basics of what was then called "nondirective counseling" than to acquire the considerable substantive knowledge required to become expert in the career development process. Similarly, it was easier for them to concentrate primarily on counseling problems of only intellectually able students.

Changes in APGA

During the early 1950s, considerable efforts were initiated aimed at preparing career counselors to work in two kinds of nonschool settings. One such effort involved mostly short-term workshops designed to provide practicing employment service counselors working in state employment service offices with rudimentary counseling skills. Most of these counselors possessed bachelor's degrees in some field, but had no formal preparation in any regular counselor education program. A second, and much more substantial, effort was directed toward establishing and operating master's degree level graduate programs solely aimed at preparing vocational rehabilitation counselors. These vocational rehabilitation counselor education programs, initiated in the mid-1950s, provided federal funds to establish such programs primarily as discrete entities within existing counselor education programs. Both of these efforts eventually led to the establishment during the 1960s of new divisions of APGA. One was the National Employment Counselors Association. The other was the American Rehabilitation Counseling Association.

Federal Influence in the 1960s

The Vocational Education Amendments of 1963 saw the infusion of new federal funds to be used for vocational guidance, especially for vocational education students. Between 1963 and 1968, a number of significant national attempts were made to restore a proper and appropriate role for vocational guidance in school counselor education and supervision programs. These included: (1) a 1965 national conference devoted to studying and making recommendations for an increased emphasis on vocational aspects of counselor education (McDaniels, 1965); (2) a 1967 national conference sponsored jointly by the American Vocational Association (AVA)

and APGA on vocational guidance devoted largely to recommending more emphasis on career development in counselor education (Reardon & Burck, 1980); (3) an AVA policy paper entitled "Vocational Aspects of Guidance" published in 1968 (AVA, 1968); (4) a special institute for counselor educators designed to help them become more knowledgeable about and interested in career guidance, especially for vocational education students (Wilson, 1965); and (5) publication of results of a national survey containing, among other things, recommendations of practicing school counselors for an increased emphasis on vocational guidance in counselor education programs (Campbell, 1968). Illustrative journal articles published during the 1963–1968 period included some by Williamson (1964) and by Calia (1966).

Career Development in the 1970s

Passage of the Vocational Education Amendments of 1968, coupled with the demise of NDEA funding, resulted in significant attempts during the 1968–1978 decade to increase the emphasis on career development in counselor education and supervision programs. The first national effort aimed at considering implications of this legislation was a federally funded conference chaired by Gysbers (Gysbers & Pritchard, 1969). Several other national efforts followed, including: (1) formal establishment of the Guidance Division of AVA in 1969; (2) a position paper entitled "Counseling and Guidance: A Call for Change" of the National Advisory Council on Vocational Education (NACVE, 1972); (3) a joint position paper of NVGA and AVA on career development and career guidance (NVGA & AVA, 1975); (4) a special chapter in NVGA's second decennial volume devoted specifically to professional preparation for vocational guidance (Hoyt, 1974); (5) an ACES position paper on counselor preparation for career development published in 1976 representing work of the ACES Commission on Counselor Preparation for Career Development/Career Education chaired by Hansen and established in 1974 (ACES, 1978); and (6) inclusion of a "Lifestyle and Career Development" standard in the ACES Standards for the Preparation of Counselors and Other Personnel Specialists (Standards, 1977).

By far the most significant impact of the Vocational Education Amendments of 1968 was the use of its Part C and Part D funds for career education demonstration projects leading to passage of federal career education legislation in 1974 and 1978. Between 1970 and 1976, 124 K-12 career education demonstration projects (costing $24.6 million) were funded under provisions of Part C and an additional 112 (costing $18.0 million) were funded under provisions of Part D between 1972 and 1975. Between 1974 and 1978, an additional $40.4 million were spent under provisions of Section 406 of the Elementary and Secondary Education Amendments of 1974 (Hoyt, 1982). The implications of career education for an increased emphasis on career development in counselor education were made explicit in the ACES

journal, *Counselor Education and Supervision* (Hoyt, 1975). Many articles aimed as discussions of the role of the school counselor in career education were published during 1968–1978. The most significant single article was one by Burtnett, Collison, and Segrist (1980) in the *Journal of Career Education*.

Decreased Support During the 1980s

In a historical sense, the decade of the 1980s has provided relatively little federal legislative support or funding for career development aspects of counselor education or for emphasizing career development in counselor role and function. Such support as has existed has come primarily from four sources. One has been the "hold harmless" guidance provisions of the Carl D. Perkins Vocational Education Act. The $1 million per year authorized for career guidance under Title III, Part D of this act has, to date, never been funded. Still, using funds primarily from the "hold harmless" provisions, the position of "State Supervisor of Career Guidance" has been established in many states. Often, the person occupying this position formerly held the title of "State Career Education Coordinator." Some states (Virginia is a good example) have used both terms—"career education" and "career guidance"—in the position title. By whatever title, such persons have made a significant impact during the decade in convincing K-12 school districts to place the topic of career guidance higher on the list of priorities for school counselor role and function. These supervisors have also served as primary resource persons for use in helping National Occupational Information Coordinating Committee/State Occupational Information Coordinating Committee (NOICC/SOICC) implementation efforts nationwide. For a small outlay of money, they have had a sizeable and very positive impact on career guidance programs. They have not yet had a similar impact in terms of changing counselor education programs.

Second, support for some career development aspects of counselor education and supervision has come through a variety of projects and program implementation efforts launched by the National Occupational Information Coordinating Committee (NOICC). As the name implies, the NOICC functions as a coordinating entity to improve communication between the various agencies that manage programs that either develop or use occupational or career information. Beginning with its establishment by congressional action in 1976 (NOICC, 1988a), NOICC has made, and continues to make, substantial contributions to both the production and delivery of occupational and career information at both the state and national levels. (The Job Training Partnership Training Act [JTPA] Amendments of 1981 added "career information" to the already existing "occupational information" mission of NOICC.

State Occupational Information Coordination Committees (SOICC)

exist in all 50 states. In 46 states, Career Information Delivery Systems (CIDS) have been established, primarily as computer-based programs, to deliver occupational and career information to youth and adults (NOICC, 1988b). Both the content of counselor education programs and counselors' role and functions in K-12 settings have been influenced by the NOICC/SOICC network during the decade of the 1980s. Many SOICCs have also forged good working relationships with postsecondary institutions in their states in a number of ways including: (1) adding a higher education member to the SOICC; (2) subcontracting for CIDS operations; and (3) making invited presentations at career fairs, in counselor education classes, and at professional association meetings.

NOICC has also made funds available to support its own perceptions of counselor role and of counselor education. These funds have not been generally available to either counselor education institutions or to K-12 school districts seeking support for their own innovative ideas for career development. Rather, funds have typically been provided through NOICC contracts with SOICCs. The two largest such efforts are: (1) The Improve Career Decision Making Program (ICDM), resulting in publication and use of a resource guide designed for use both in in-service and in preservice counselor education (NOICC, 1988c); and (2) the National Career Development Guidelines Project, which has resulted in sets of guidelines for use both in career development programs and in counselor education (NOICC, 1988d).

NOICC has sought to provide for broad professional involvement in the conduct of both of these efforts. First, the ICDM Resource Guide was developed primarily by counselor educators at three university sites. In addition, one or more counselor educators were involved in each of the SOICC-ICDM workshops conducted in 54 states and territories for 20,000 practicing school counselors. However, there has been little *formal* ACES involvement in what has clearly been the largest single counselor in-service effort of the decade. Similarly, although representatives from several professional associations, including ACES, were involved in developing materials for the current NOICC Career Development Guidelines initiative, there has been no official ACES involvement in efforts to use these guidelines in either preservice or in-service counselor education efforts. As the sole professional association dedicated to counselor education and supervision, one might question why ACES has remained almost silent during the entire decade of the 1980s with respect to this large counselor education effort. One could well question both why NOICC did not seek a formal partnership with ACES in these efforts and why ACES has essentially ignored the NOICC/SOICC network during this period. This is more a criticism of ACES than of NOICC.

The third significant source of federal support for the career development movement during the 1980s has come from the U.S. Department

of Defense (DOD). DOD funds seem to have been used primarily to encourage practicing counselors and counselor education institutions to consider the all volunteer armed forces among career choices being considered. As with NOICC operations, DOD has planned, organized, and implemented its own program rather than seeking innovative proposals from either practicing counselors or from counselor education institutions.

Fourth, it should be noted that substantial funds supporting the career development movement have been supplied under what is called "transitional services" under P.L. 94–142. These funds, of course, are limited in use to special education programs.

Finally, significant contributions to bringing a proper and an appropriate emphasis to sex equity and gender roles in career development can be seen in two additional federal programs. One consists of projects funded under provisions of the Women's Educational Equity Act Program (1983). Although no exact count could be found, many programs funded under WEEA were in the career development domain. It seems that over half of WEEA funded projects were related to career development. The second contribution consists of short quarterly publications entitled "Employment in Perspective: Women in the Labor Force," distributed by the Bureau of Labor Statistics, U.S. Department of Labor. Each of these provides current statistics on some aspect of this broad concern.

Nonfederal Forces That Changed Counselor Education in the 1980s

Several major trends in the 1980s influenced both the amount and the variety of substantive content recommended for inclusion in all counselor education programs. First, the literature of the 1978–1988 period contains numerous calls for inserting a variety of new topics in counselor education programs. Examples of recent pleas for new content include those aimed at: (1) inserting the topic of alcohol awareness into counselor education (Wigtel & Thompson, 1984); (2) including of biological foundations of human behavior in counselor education (Panther, 1987); (3) emphasizing computer implications and applications for professional counselors (Herr & Best, 1984; Lambert, 1988; Sampson & Loesch, 1985; Walz, 1987); (4) teaching consultation skills as a basic element of counselor education (Brown, Spano, & Schulte, 1988; Froehle, 1978; Kahnweiler, 1979; Splete & Bernstein, 1981); (5) inserting a multicultural emphasis into counselor education (Ponterotto & Casas, 1987); (6) teaching applied ethics in counselor education (Kitchener, 1986); and (7) emphasizing the need to avoid sex-biased counseling (Moore & Strickler, 1980). It would be difficult to argue that any of these proposed new topics is not needed.

Second, the 1978–1988 period has also witnessed a number of calls for changing the content of counselor education programs to better meet the needs of certain subgroups in the total population. Examples of such efforts

include an emphasis on: (1) meeting counseling needs of inner-city youth (Walton, 1980); (2) training for sex-fair counseling (Hansen & Watt, 1979; Hansen & Keirleber, 1978; Scott & McMillan, 1980); (3) providing for non-White concerns in counselor education and supervision (McFadden, 1979); (4) training counselors for human rights counseling (Atkinson, 1981); (5) integrating gay issues into counselor education (Norton, 1982); (6) preparing culturally effective counselors (Arredondo-Dowd & Gonsalves, 1980; Dawis, 1978; Lloyd, 1987); (7) preparing counselors to meet the needs of persons with handicaps (Hosie, 1979); and (8) meeting career development needs of persons at mid-life (Brown, 1981). Here again, one would find great difficulty objecting to proposals for inserting these kinds of emphases into counselor education and supervision programs.

Third, the need for counselor education programs to meet the requirements of persons preparing to work as counselors in nonschool settings has often been emphasized during the 1978–1988 period (Alcorn & Sturgis, 1981; Caulfield & Perosa, 1983; Myers & Blake, 1986; Sunbury & Cochran, 1980; Wilcoxon & Cecil, 1985). To emphasize the need to move beyond preparing primarily school counselors is nothing new. Similar pleas were common in the mid-1960s when efforts to prepare counselors to work with disadvantaged youth in special out-of-school programs established as part of the "War on Poverty" were initiated (Gordon, 1965; Hill, 1965; Odgers, 1964).

Fourth, the last decade has seen a marked emphasis on career development needs of adults (Leibowitz & Lea, 1986). The concept of career development as a process extending over almost the entire life span has been generally accepted. However, in terms of challenges for change facing counselor education, questions regarding the need, or lack of need, for special counselor education programs aimed at preparing counselors to meet career development needs of adults seems far from resolved.

Career Development and Counselor Preparation in the 1980s

The last 10 years have witnessed a number of expressions of need for an increased emphasis on career development in counselor education and supervision, along with specific indicators that attempts to meet such needs are being made. Reardon and Burck (1980) described a new kind of counselor education program aimed at preparing persons to serve as "career development specialists." Hohenshil (1982) suggested combining the preparation of school psychologists with the preparation of vocational counselors to create a new specialty known as "vocational school psychologists." Johnson and Johnson (1982), among others, suggested preparing career development specialists via competency-based training, and Miller and Soper (1982) recommended several approaches to making courses in career counseling more enjoyable for students.

The decade saw some increase in career development as a part of counselor education. After conducting a national survey of counselor education programs, Ibrahim and Thompson (1982) reported that courses in "career development/information/exploration/vocational development" ranked #4 out of 9 course classifications, with 86% of programs studied requiring one course and 21% requiring two courses. This is consistent with a study reported by Wantz, Scherman, and Hollis (1982) showing that, in 1980, courses in "career and life planning" ranked #4 in popularity among all counselor education courses, with about one in five counselor education programs having added one course in this area since 1977. A 1987 issue of *Counselor Education and Supervision* (Vol. 27, No. 2) contains five articles, each representing a report by an author of a current career development book, specifying how each is currently meeting the "Life-style and Career Development Standard" of the American Association for Counseling and Development.

Several important national efforts have taken place specifying in some detail recommendations for change in the nature and content of career development in counselor education and supervision. These include: (1) a report from the Commission on Criteria for Career Guidance Programs of NVGA (1979); (2) a statement of vocational and career counseling competencies formally recommended by NCDA (1985); (3) an ASCA policy statement on the role of the school counselor in career guidance (1985); (4) the Improve Career Decision Making Program of NOICC (1988b); and (5) the National Career Counseling and Development Guidelines of NOICC (1988d). Such efforts are consistent with a set of predictions Sweeney (1979) made during the 1970s that the 1980s would see actions aimed at increasing the emphasis on career development in counselor education.

Finally, a number of national surveys concerned, at least in part, with the need for an increased emphasis on career development in counselor education have been conducted since 1978. The following examples are illustrative: (1) when Maples (1985) asked a national sample of college of education deans to specify areas needing greater emphasis in counselor education programs, "career development" was *not* one of the areas named; (2) a national sample of ASCA leaders were given a list of 119 potential skills needed by school counselors. "Planning a comprehensive career development program," chosen by 78% of respondents, was tied with "small group counseling" for third place (Comas, Cecil, & Cecil, 1987); (3) when Hutchinson, Barrick, and Groves (1986), in a national survey of school counselors, contrasted "ideal" and "actual" functions, they found that "career and life planning" ranked #4 in the list of "ideal" functions, but only #9 in the list of "actual" counselor functions; (4) this is consistent with a study of Minnesota counselors in which Tennyson, Miller, Skovholt, and Williams (1989) found that, of six major categories of counselor function, "developmental and career guidance" is performed *least often*, but considered

#3 in "importance"; and (5) a national survey conducted by Prediger and Sawyer (1986) provided clear evidence that during the 1970s school counselors did increase their emphasis on meeting career development needs of students.

Studies indicating that career development problems *do* exist among both youth and adults continue to be reported. The March, 1989, issue of *The School Counselor* contains a report authored by Hutchinson and Reagan (1989) in which they found that, of 24 possible problems, those concerned with "finding information on career opportunities" ranked #3 and "deciding on a career" ranked #8. In a 1983 survey of Iowa school counselors, Engen and Noeth (1983) found "career guidance" to be a high priority—and one that is still on the increase. In the 1988 edition of *The American Freshman: National Norms for Fall 1988*, Astin, Green, Korn, Schalil, & Betz (1988) reported that 82.7% of 1988 college freshmen claimed they decided to attend college so they could "get a better job," giving this more often than any other single reason.

The 1987 Gallup Career Development Survey (Hoyt, 1989b) reported several findings directly related to the need for quality career guidance on the part of employed adults 18 years old or older. These include: (1) about 1 in 10 reported needing help now in selecting, changing, or obtaining a job; (2) fewer than 1 in 5 reported ever having sought assistance from a school or college counselor; (3) about 1 in 3 had gone to *no source* for help in career planning; and (4) more than 6 in 10 reported that, if they could start their career planning over, they would try to get more information about their potential career choices.

Is Career Counseling a Separate Specialty?

The demands cited in the two previous sections to: (a) increase the amount and variety of substantive content of counselor education; and (b) increase the substantive content of career development in counselor education programs are currently on a collision course. The purpose of this section is to clarify some of the conceptual dimensions that ACES, as the prime professional association representing the counselor education and supervision movement, must consider as it formulates policy decisions for solving this dilemma.

First, it is essential to note that, even if all new areas of substantive content for counselor education programs in general were ignored, a clear and growing need exists to expand content essential for developing competencies in career development aspects of counselor education. Examples of such needed increases can easily be generated simply from a cursory look at some pertinent journal literature published in the 1980s. To illustrate, examples of such literature for each of five basic sub-topics include:

a. *The concept of work:* (1) Allen (1980); (2) Horman (1986); (3) Kaiser (1981); and (4) Naughton (1987).
b. *America's changing occupational structure:* (1) Cianni and Weitz (1986); (2) Cook (1984); (3) Herr (1984); (4) Hoyt (1988); (5) Kuttner (1983); and (6) Rumberger (1984).
c. *Career development theories:* (1) Betz and Hackett (1987); (2) Forrest and Mikolaitus (1986); (3) Gysbers (1984); (4) Hesketh (1985); (5) Vondracek and Scholonberg (1986); and (6) Young (1988).
d. *Career information:* (1) Chapman and Katz (1983); (2) Drier (1980); (3) Flanders (1988); (4) McDaniels (1982); (5) NOICC (1988b); and (6) O'Shea, Harrington, Padgett, and Dasch (1985).
e. *Career decision making:* (1) Cochran (1983); (2) Gordon (1981); (3) Grites (1983); (4) Mitchell and Krumboltz (1987); (5) Sepich (1987); and (6) Walsh (1987).

The significant changes that have occurred only in the last 10 years extend, of course, far beyond the few illustrative examples presented above. Conscientious counselor educators still trying to convey even the most basic essentials of career development in a single course face an increasingly frustrating and impossible assignment.

Second, it is equally important to note that several new topics currently being proposed for inclusion in counselor education programs have a distinct part of their literature in career development. This content might be included in new counselor education courses for each topic. On the other hand, the need for such content could easily justify several new courses in the career development aspect of counselor education. Again, this can be easily illustrated using examples of the 1980s journal literature for each of three subtopics. These include:

a. *Computers in career development:* (1) Cairo (1983); (2) Harris-Bowlsbey (1985); (3) Heppner (1985); (4) Johnston, Buescher, and Heppner (1988); (5) Krumboltz (1985); and (6) Sampson, Shahnasarian, and Reardon (1987).
b. *Sex role stereotyping in career development:* (1) Astin (1984); (2) Brooks (1988); (3) Haring-Hidore (1987); and (4) Lasalle and Spokane (1987).
c. *Multicultural aspects of career development:* (1) Castenell and Castenell (1988); (2) Gable, Thompson, and Iwanicki (1983); (3) Hall and Post-Kammer (1987); (4) Miller, Springer, and Wells (1988); and (5) Obleton (1984).

Obviously, each of these three topics—computers, sex role stereotyping, and multicultural concerns—are becoming increasingly important for *all* of counselor education. The career development aspects for each topic represent only a limited portion of the literature appropriate for counselors to learn.

Third, the "separate specialty dilemma" for the career development

movement is made almost impossibly complex when one considers that other "separate specialty" calls are based primarily either on type of setting or type of client. The substantive content of career development obviously encompasses both multiple types of settings and multiple types of clients. If carried to its logical extremes, one might well find counselor education programs designed to prepare their graduates to serve as (a) career development specialists (b) in elementary school settings (c) working with economically disadvantaged pupils. Assuming this would be considered to be carrying the concept of specialization too far, what is a reasonable middle-ground position? Should *all* counselor education programs, regardless of types of settings or types of clients for which they prepare counselors, contain a separate component designed to equip graduates with basic career development competencies? Or would clients be better served if, in any given setting, career development specialists were available in addition to counselors whose primary expertise relates to that setting? The dilemma remains.

Counselors and Educational Reform: Implications for Change

The decade of the 1980s in American education was clearly one with a prime emphasis on the need for educational reform. It is equally evident that a large part of the rationale for such reform was the reported lack of success of the educational system, that is, successful participation in the emerging service-based, information-oriented high-technology society that forces America to compete in the international marketplace.

Thus, the topic of "career development" logically belongs among the basic issues to be discussed and resolved in the educational reform movement. It seems natural to assume that "counselors" in general and "career counselors" in particular should certainly be included in major reform proposals. Concerns that this assumption may be lacking in validity have been reported by Aubrey (1984; 1985), Dagley and Gazda (1984), Dobson and Dobson (1985), Herr (1984), Hohenshil (1987), and Hoyt (1985).

To what extent has the educational reform movement of the 1980s included calls for an increased emphasis on career development for professional counselors? Recently, 29 major national educational reform proposals were studied in an attempt to provide a preliminary answer to this question. The raw data and general results have been reported elsewhere (Hoyt, 1989a). Here, an attempt will be made to concentrate only on the question of the extent to which these proposals made recommendations related to the need for an increased emphasis on career development in counselor education and supervision.

Of the 29 proposals, about one third seemed to consider "counselors" and/or "career development" as part of the "solution," about one third saw

them as part of the "problem," and the remaining one third ignored their existence (Hoyt, 1989a). Taken as a whole, the 29 proposals mentioning "counselors" contain 12 specific suggestions for change in career development aspects of counselor education and supervision. Should the counselor education movement become actively involved in efforts to make career development a priority issue in educational reform? If so, these kinds of recommendations for change cannot be ignored. This, in no way, should be interpreted to mean that national leaders in the educational reform movement can *dictate* what changes are to occur and how they will be carried out. It does, however, raise basic questions regarding readiness of the guidance and counseling movement to participate in a truly *collaborative* process of educational reform as true *partners* with other organizations, agencies, associations, and individuals serving as national leaders in educational reform.

Concluding Remarks

Change is prerequisite to progress in the evolution of any movement. Both the guidance and counseling movement in general—and the counselor education and supervision movement in particular—have made large and remarkable changes in nature and direction over the last 40 years. This chapter has sought to highlight such changes as they have occurred in career development aspects of counselor education and supervision. In the process, several questions on basic change have been identified. Here, an attempt will be made to pose these questions in an even more specific fashion. Eventually, the Association for Counselor Education and Supervision will have to face and answer each question.

Question #1: Should counselor education programs construct and operate separate programs preparing "career development specialists" in addition to whatever other kinds of counselors they purport to prepare?

> *Subquestion A:* If so, what content should be included in the preparation program for such persons that is *excluded* from the preparation programs for other kinds of counselors?
> *Subquestion B:* Should there be a common core of content required of *all* counselor education students, no matter what their specialty? If so, what should that common core include?
> *Subquestion C:* If counselor education programs move toward preparing various kinds of "specialists," can and should they abandon their current emphasis on preparing "generalist counselors," differentiated only by setting and not by function?

Question #2: Is it better to make such topics as sex stereotyping, multicultural concerns, and counselors and computers into separate courses to

be required of *all* counselor education students—or is it better to infuse appropriate content for each topic into the total program for each kind of counselor specialist?

Question #3: Should career development specialists be prepared for working primarily in K-12 school districts—or should attempts be made to prepare persons majoring in "career development" for a variety of settings both within and outside of the educational system?

Subquestion A: How soon can we reasonably expect to convince decision makers in colleges/schools of education that their mission must now expand beyond preparing persons primarily for K-12 educational systems in ways that appropriately recognize education as lifelong learning?
Subquestion B: Should counselor education programs seek to prepare different subpopulations of students to work in various *settings* (e.g., "K-12," "community college," etc.) as well as for various *specializations* (e.g., "career counselors," "mental health counselors," etc.)
Subquestion C: Is it time to change the organizational nature of counselor education programs so that, instead of preparing counselors differently by *setting*, we prepare them differently by *function*?

Question #4: Should counselor education programs assume responsibility for preparing career development specialists at various levels of educational preparation ranging from less than the baccalaureate level to the doctoral level?

Subquestion A: Has the time come to renounce the principle that holds "COUNSELOR EDUCATION IS GRADUATE EDUCATION"?
Subquestion B: Can the requirement of a teaching certificate be justified for persons preparing to be career development specialists at the K-12 level and ignored for persons preparing to be career development specialists in other settings? If so, what is the rationale?
Subquestion C: Has the time come to move away from a "course-by-course" approach in counselor education and toward a "competency-by-competency" approach to preparing counselors?

Question #5: How should standards for counselor education and supervision be determined?

Subquestion A: Does ACES have the prime right or responsibility to determine counselor education standards unilaterally?
Subquestion B: Should the development and implementation of counselor education standards be a joint responsibility of several divisions of AACD? If so, which divisions should be involved and how should decisions be made? Should NCDA take the lead? Should ASCA be an equal partner?
Subquestion C: Should non-AACD organizations/associations such as: (a) AVA Guidance Division; (b) NOICC; or (c) Division 17 of APA be encouraged or allowed to be involved in determining standards for coun-

selor education and supervision? If so, what weight should ACES give to their recommendations?

Question #6: Should attempts be made to make career development aspects of counselor education and supervision priority issues in the educational reform movement?

Subquestion A: Is ACES the proper association to assume leadership in such an effort? Or is it ASCA? What other organizations/associations in education should be invited to collaborate in this undertaking?
Subquestion B: Is the need for educational reform so big that efforts should be made to include *all* of counselor education, not just its career development aspects as a priority in educational reform?

This list of questions is most appropriately viewed as illustrative, not comprehensive in coverage. Each should be viewed as a request for input to ACES on the part of all readers. Each can also be viewed, in part, as a reason why it is important that the ACES National Task Force on Career Development in Counselor Education and Supervision exist and function in an active and positive manner. It is time this happened.

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CHAPTER 5

Counselor Preparation for Future Needs

Harold Hackney

A few years ago, Dugald Arbuckle (1986) suggested that there were two vital assumptions in most professional curricula, the first being that our professional training resulted in well-prepared counselors, and the second being that we "know just what [counselors do] on the job" (p. 18). This orientation to professional training proved over the years to be a "safe" approach to counselor preparation, safe in the sense that if we prepared counselors to perform those duties expected of school counselors, our "products" would meet existing standards and would be employable. The assumption was somewhat more vulnerable in terms of the preparation of community counselors.

Arbuckle was raising an important question, for the link between theory, preparation, and practice is central to the process of preparing helping professionals. However, as we read about how rapidly and drastically our society is changing, it becomes clear that Arbuckle's formulation of the problem may be missing the point today. Instead of asking, "What are professionals doing?", we must ask, "What *should helping professionals be prepared to do to be relevant* in the next millennium?" This type of question is always dangerous for it can invite "crystal ball" responses to rational questions. The question is dangerous in another way, for it implies that we who are responsible for professional preparation also have the authority to determine the role and functions of our graduates, a responsibility traditionally reserved for the employers of helping professionals.

In the introductory chapter, Wrenn and Hackney presented a scenario for a changed world that counselors must enter. This suggests that old assumptions, objectives, practices, and outcomes may be less appropriate and meaningful than the new demands that counselors must face. And if that is the case, then who should be part of the dialogue for determining what the "counselors of tomorrow" will be doing and what should be their focus? More specifically, if school counseling were being introduced to the

world *today* as a new concept, what would we say that counselors should do? How would their role complement the roles of teacher and administrator? What functions would counselors perform with children, families, educators, employers? Similarly, if the community counselor were not encumbered by the antecedent practices of social workers, psychologists, psychiatrists, and so forth, what vital role and functions would we have that person perform, particularly as we think about the problems communities face today?

Remembering What We Know About Institutions

One of the most fundamental "truisms" growing out of systems theory is the knowledge that the system perceives change as a threat. The threat increases proportionately to how fragile the system's perceptions of itself and its practices are. Nowhere is the threat more menacing than when it takes the form of redefining role and function, the heartwood of the profession. Tradition and self-perception are major contributors to determining role and function. Both play a definitional role in the practice of school counseling and community counseling, but in different ways.

Counseling Practices in the Schools

Cecil and Cobia and Hoyt, in chapters 2 and 4 of this volume, described the formative years of school counseling and how that history has formed the role and function of counselors. We were made aware that a number of factors have contributed to the formation of counselor role and function in the schools, including (a) social pressures to change the educational system through the infusion of NDEA monies, (b) the convergence of that event with the emergent theory of client-centered therapy, (c) subsequent erosions of public support for school counseling resulting from retrenchment of funding for public schools in the 1970s and 1980s, and (d) the reformation of educational practices using corporate thinking. From this collage of antecedent conditions, we have school counseling programs that have "evolved with no particular plan in mind, with the result being that they are, to some degree, dysfunctional" (Brown, 1989, p. 47). In many respects school counseling has raised itself, much as an only child in a disengaged dual career family.

Counseling Practices in the Community

To extend the analogy, if school counseling can be compared to the disengaged "only child," community counseling is like the younger child whose older brothers and sisters all have strong views of what it should

be. It has had to fight for its identity, often taking extreme positions that it would not ordinarily have chosen, except for the heat of the professional battle. The result is a community counselor identity that remains only partially formed, defined by comparison to other helping professionals, competing for recognition in arenas in which it is uncomfortably cast and vulnerable to criticism, deserved or undeserved.

More recently a new type of counselor has arisen, the mental health counselor. This counselor is closely allied to the community counselor in spirit, but is differentiated from community counseling in role and function. Mental health counselors also struggle for their identity, fighting the same forces that seek to define community counseling.

Present Status of Counseling

Both school and community counseling have grown into roles and functions determined as much (or more so) by external forces as by their own legitimate character. In large measure, we wear "hand-me-down" clothing, attempting to maintain our professional image while chafing from the misinterpretations of our role by our clientele and peers.

Given this context, there are numerous societal rumblings that demand change today. Once it became apparent that "Just say no" would not adequately respond to such crises as substance abuse, teenage pregnancy, AIDS, environmental abuse, educational shortfall, and deterioration of institutional values, public outcries became directed at the traditional bastions of cultural stability, the school, the church, and the family. Those outcries escalate with each new release of statistics on crime, educational testing, divorce rates, minority needs, taxes, and on and on. Clearly we are living in an age in which societal momentum is carrying us rapidly toward a "fail-safe" relationship with destiny. In response, we must seek new solutions to old problems, new paradigms for change, new lenses with which to view our landscape. Carlson (1989) described this need as it relates to school counseling, suggesting that

> it is a time to open our receptors wider, seek more information about the surroundings, and begin to experiment with a more holistic theory of what makes life tick in organizations, particularly school organizations. [Furthermore] it is a time to assess one's personal theories to determine subtle influences of assembly line thinking, power politics, interpersonal relations, or meaningless rituals. (p. 14)

Counseling Reform: The Determinants of Change

It would be more than oversight if we did not acknowledge that reform is already afoot in the school counseling profession. Developmental guid-

ance (Myrick, 1987), primary prevention (Baker & Shaw, 1987; Conyne, 1987), program development (Gysbers & Henderson, 1988), and managing broad-based change (Carr & Hayslip, 1989) are examples of this reform. Examples of ongoing change are less available in community counseling, but there have been hints of change, as reflected in an increased public orientation toward wellness, and self-help. However, the challenge to community counseling is formidable. It pits theory against theory, economics against ethics, professional against professional. The battlefield is one of educational versus clinical practice, prevention versus remediation, tradition versus innovation.

Carlson (1989) reminded us that a change of theory will not necessarily lead to change of practice. Rather, we must recognize that the school and the community respond to a variety of influences, including political realities, existing structures, human needs, and revered symbols and rituals. As innocents we have often recognized only human needs as the highest authority.

The Political Realities of Change

Political realities affecting change are apparent in vested interests and economic constraints. Carlson (1989, p. 11) noted that "The spate of educational reform reports and the jockeying by teachers, counselors, administrators, board members, legislators, and political leaders clearly demonstrates how political the educational process has become." In part these groups are jockeying for preferred positions when funding becomes available. They are jockeying also to protect previous positions of privilege within the system. Given the condition of limited resources that most communities face, the political reality is that when one professional group gains status and economic support, it may be at the expense of another professional group. The result is an effort to "freeze" the status quo, and to enhance the privileged position of those on top of the professional hierarchy. Consequently, if real change is to occur from within the system, it must occur in such a manner that none of the participants experience real or perceived loss.

Recognizing Existing Structures

The "existing structures" of counseling are those practices that have emerged in small communities, inner cities, sprawling suburbs, and rural regions of our vast country. They include the networking that occurs or fails to occur between human service agencies, the populations that different counseling professionals serve in the community, the established hierarchy of helping agencies, the relationship between community agencies and schools. In every community, there exists an established way of conducting the

business of helping. Some of this structure may be formalized in written agreements between agencies and schools; much is informally established through years of evolved practices.

We must acknowledge that counseling practices vary from community to community, region to region. One part of the country may rely heavily upon rehabilitation counselors to serve an important segment of the community, whereas another part of the country looks to clinical psychologists to perform this service. In many communities the master of social work practitioner is the dominant service provider, and in other areas, the community (agency) counselor or the mental health counselor is the recognized professional. Not only is it important to recognize practitioner differences, but it is important to note that service delivery varies from community to community.

Similarly, school counseling practices vary from state to state and community to community. Many states have mandated elementary school counselors. A growing number of states have called for school counseling programs to adopt a developmental (prevention) model. And yet, even in those states where mandates have occurred, schools continue to be responsive to traditional pressures, including the expectations of school administrators and parents that school counseling be accountable primarily to the college-bound, and the self-perceptions of counselors that their role is clinical as opposed to educational, remedial as opposed to preventive.

Such structural conditions must be recognized and taken into account when change is suggested. Without addressing the underlying structural factors that support the status quo, desirable change may not be defined, and certainly will not succeed.

Revered Symbols and Rituals

More elusive than political and structural realities, the symbols, rituals and myths of a profession assume an existence that may seem to be above questioning. Should the student/counselor ratio in a high school be 300:1 even though there are no counselors in the feeder elementary schools? Should high school counselors focus on college admissions? Should counselors have private offices the size of therapy rooms? The counselor (or counselor educator) who raises such questions risks charges ranging from professional shortsightedness to heresy. We have lived with many sacred cows, some supported by the rank-and-file of our profession, others supported by our professional organizations. It is time to take a careful second look at many of these conditions, for they, as much as our self-view, determine who we are, what we do, and whether we will survive as a viable human service.

Similarly, should the community counselor aspire to the role of therapist or assume an increasing role as community educator? Should the community counselor seek to develop skills the master of social work or

the licensed mental health counselor do not possess, as opposed to competing with these professionals? Finally, is it possible that the "therapist era" is passing and will not be a dominant human service function as we approach the next millennium?

Defining Human Needs

Counselors need no introduction to this fourth source of influence. Being sensitive to and responding to human needs is generally considered a precondition for entry into the helping professions. Should sensitivity prove to be insufficient, we have been indoctrinated in the use of needs assessment and resource inventories from the first graduate course in counseling. Admonitions such as: "Know your clientele," "Identify your support network," and "Define your objectives" stand like lighthouses on the Maine coastline.

And yet, we all have experienced the frustration of the undervalued need. Social values such as attending to the poor, the disenfranchised, the chronically ill, or the mentally and emotionally deprived are often counterbalanced by economic values or conflicts of interest. Should the community use its limited funds to hire another counselor for the community center, or should it build the long-awaited community boat-launch facility? Which need is more pressing? As counselors, we lean quite naturally toward the first choice, but we must recognize that in most communities, human needs take many varied and often-competing forms.

The Participants in Change

Given the constraints to change, who are the participants we must consider to provide a new type of counselor for a new age? If we have learned one lesson from past efforts to influence the status of school and community counseling, it is that the practitioner cannot stand alone in this effort. It must involve all audiences, including those who represent the political realities, the existing structures, the symbols and traditions, and the recipients of our services. In the school, this includes teachers, principals, parents, students, community leaders who set budgets, and politicians who influence community leaders. It also includes professional organizations, counselor preparation institutions, state certification agencies, state legislatures, state licensing boards, and the voting public. All parties must be recognized for the roles they play. If we take the position that only professional counselors should determine our role and function, then we fail to recognize that these other forces have already helped determine our present role and function and also will affect our future role and function.

Even if consensus is reached at the practitioner level, we will not have institutionalized change if preparation programs are not affected. This in-

terplay between practitioner and preparation program is a vital link in the chain. Too often it has been the most vulnerable link. Charges that preparation programs are irrelevant, or that practitioners are copping out to social pressures in the school or community, are acts of professional sabotage. Yet, experience tells us that preparation programs are unable to mobilize a movement toward a common cause. Differences both between and within states and differences between public and private institutions, all contribute to what Aubrey (1982) described as a "patchwork quilt" of counseling practice.

Where Does Change Begin?

When contemplating institutional or societal change, is it more effective to take a macrosystem view or a microsystem view? In other words, does change occur from the top down or the bottom up? Does it occur by decree or by a practice of "Each one, save one?" Certainly both approaches have been tested in the educational reform movement. One of the more revealing experiments was the National Defense Education Act (NDEA) following the launching of Sputnik I. That plan, adopted from the agricultural extention model of an earlier day, infused massive amounts of money into program development, followed by a broad-based training program for teachers from communities across the country. Those newly trained curriculum specialists returned to their communities, still supported by the reform program, and instituted change at the grass-roots level. Because school counseling was part of this reform package, it was able to establish itself in virtually every community in the nation. The critical ingredients were a vision, concrete plans, much money, and follow-up.

The Substance of Change

In Chapter I, Wrenn and Hackney documented some of the more pervasive changes that have affected our culture in the past decade. These changes stand as societal diverters, much as signs and barriers divert the traffic on roadways under construction. Indeed, we are experiencing a societal reconstruction in these latter years of the 20th century. Wrenn offered us a way to view this change, citing all that we have recently learned about our universe and about our environment. He described two competing paradigms, one based on discoveries of unknown but extant realities, the other based on the unpredictable consequences of our collective actions. In both, one might argue that the unknown was always there, waiting to be discovered.

We cannot deny that humanity has produced many demons and that present-day demons seem far more menacing than those of an earlier time.

As our culture has evolved, we find alienation and loneliness to be a new companion. Drugs have replaced military foes in a new definition of war in which the most vulnerable elements of society are conscripted to be the casualties. Families have metamorphozed into new configurations with new survival needs. The relationship between men and women in the marketplace, the town hall, and in educational and religious settings rests in an uncomfortably unstable state. New sources of influence challenge traditional sources, new world conditions bring us into unfamiliar alignments of interdependence with one another, while new cultural conditions confront older notions of ethnic and racial identity. Finally, as our nation has matured into economic, social, and political middle age, societal problems such as morality, power and powerlessness, and privilege and disenfranchisement burden our journey and dim our vision. It would be a strange dialectic indeed to discuss the merits of change as we are being consumed by change.

In chapter 2, Cecil and Cobia made the point that education has an important role to fulfill in assisting society's transition from industrialization to a postindustrial era. That role will force the education establishment to accommodate new visions, institutionalize new values, and adopt new methods. The authors pointed to the outpouring of calls for educational assessment and reform as indicative of what the future may hold. As the predicted restructuring begins to reshape the educational environment, roles and functions, including those of the school counselor, will inevitably be affected.

In chapter 3, Robinson and Roth documented the health status of our nation from a developmental perspective. Although the medical research community has made often dramatic leaps of progress, we find that both new challenges and the reemergence of many old challenges demand our attention and concern. Themes introduced by Wrenn and Hackney in chapter 1 are found in Robinson and Roth's assessment and include the effects of alienation, loneliness, and concomitant stress; the devastating effect of drugs and substance abuse; AIDS; the effects of living longer; and changes in family patterns. Robinson and Roth identified ways in which these conditions will affect the helping profession in the 1990s, noting that the counselor of tomorrow must be involved in helping clients maintain healthy life-styles (and conversely, coping with illness) in addition to working to enhance clients' emotional health.

Finally, Hoyt addressed change in career development and counselor preparation in chapter 4. In his assessment of the present status of career development, he questioned whether the traditionally trained counselor is able to provide the kinds of services that our society now requires. He chronicled how the educational establishment, particularly the counseling profession, has responded to change over the past 40 years, noting influences that have led to change and the resulting impact on school counseling.

In this process of change, the world of work is no closer to a state of equilibrium today. We began the 1980s with Toffler's (1980) glimpse into the crystal ball. He proposed that our nation's history could be defined in three "waves," the first being the agricultural revolution that distinguished our first 150 years, the second being the industrial revolution that brought us to world leadership in the 20th century, and *the third* being a postindustrial, technological age symbolized by the advent of the computer. We have not fully experienced the impact of this new technological age. For, as Herr (1989) wrote,

> . . . it is clear that the occupational structure of the future will not be what has prevailed in the past. The environment in which work takes place and the possibilities for work will change. The context for employability will change. And the effects of those changes will vary from one group of youth and adults to another. (p. 45)

As we have experienced the infusion of computer technology, it becomes increasingly apparent that, in the words of the country store sage, "There's good news and there's bad news." The microchip has introduced new and unimagined convenience into our lives, allowing us to program everything from the washing machine to the kitchen range, the telephone answering machine and the furnace thermostat. It has greatly enhanced the workplace, as Herr pointed out, with the result that assembly lines not only work more efficiently but also more accurately, and business offices today call for an entirely different type of employee skills. But the "bad news" is that this wonderful new automation has brought with it a new working atmosphere. The relationship between worker and workplace has become a more isolated and solitary milieu. Though we have gained in efficiency, we have lost in interpersonal contact and personal reward. It is more possible than ever for the worker to become "lost" in his or her job. Thus, we find that even the most trusted markers of our culture have been transformed. The family, the school, the neighborhood, the hospital, the office, the church, all are evolving into new environments with new challenges. It is time to examine the institutions that serve our society to determine whether they have been responsive to these changes. Certainly the educational establishment has experienced that examination through a plethora of studies and reports. Community programs also have been the subject of much comment and criticism, primarily in the context of their response to the enormous challenge of drug abuse and the AIDS crisis. And yet, interestingly enough, few counselors sat on any of the commissions studying either the school's response or the community's response to these social ills. One wonders why the counselor's absence was not felt. Was it that our impact is different from our perceptions? Could it be that the public commissions did not perceive counselors as part of the solution? Was it an oversight that

occurred again and again? Or could it be that, over the years, we have drifted to the shoreline and no longer function in the deeper waters of human concerns?

Responding to the Need for Change

The preceding chapters, as well as the writings of many current authors, leave little doubt that change in the counseling profession is an imperative. Herr (1989) reflected on the need for change in schools, saying,

> If the question for the profession of school counseling is not one of simple survival as a visible entity in the school, what is the question? It is more nearly: What models of school counseling roles and functions are most likely to be effective under different conditions of student need, educational priorities, and availability of resources. (p. 319)

The question is no less demanding when we focus on the status of the community counselor. If we paraphrase Herr's response, it is, "What models of community counseling roles and functions are most likely to be effective under different conditions of client need, community priorities, and availability of resources?"

The New School Counselor

A number of recent proposals follow for the form a new and more relevant school counseling profession must take:

- Reconceptualization from ". . . an ancillary, crisis-oriented service to a comprehensive program firmly grounded on principles of human growth and development" (Gysbers & Henderson, 1988, vii–viii);
- "Programs must be proactive and planned, not reactive and service-concept oriented; developmental by nature; and designed and structured to achieve student, school, and community goals and objectives" (AACD School Counseling Task Force Report, 1989, p. 11); and
- "Guidance programs should be balanced in terms of both the general thrust of services (i.e., primary prevention, remediation, and therapy) and in terms of the mode of service delivery (direct and indirect services)" (Baker & Shaw, 1987, pp. 6–7).

Many other authors have contributed similar views to what school counseling must become. The common ground is that (1) school counselors must become more proactive, (2) primary prevention must assume ascendency in practice, (3) a guidance curriculum must emerge that casts the counselor in the role of developmental specialist, and (4) time-honored practices of the past, including longer term individual treatment, will receive

diminished emphasis. We are talking about persons who can plan and initiate crisis prevention as effectively as crisis intervention, group-life curriculum instruction as well as individual guidance, life goals and values as well as college placement, collaboration with teachers and parents in multimodal life enhancement experiences as well as career guidance. In this new delivery of services, the counselor is a teacher, planner, organizer, collaborator, consultant, as well as confidante, consoler, interventionist, and advocate. In other words, there is a broadening of roles and functions, a more public stage on which to perform, a more courageous stance to take in addressing societal, as well as individual, problems.

Counselor skills must change as well. The problems that today's (and tomorrow's) schools must address are vastly different from those of the 1960s and 1970s. Multicultural and multilingual student populations, multiple family patterns, drugs in the school, adolescent pregnancy, homeless children, the direct and indirect effects of AIDS, a societal disaffection with traditional forms of authority, morality, and values, and increased levels of alienation, disengagement, and loneliness all contribute to a new social milieu in which the schools must function and respond to help stabilize our society. Counselors are the best equipped school personnel to fill the service delivery vacuum that presently exists. Their orientation to human relations, human developmental needs, interpersonal skills, educative skills, group dynamics, and career development make them the most likely candidates on the school staff to be able to respond to tomorrow's challenges. But, the present status of counselor role and function, paired with skill deficits in specific areas, also means that, unless we move with confidence and determination to fill that service delivery vacuum, other existing (or new) school professionals will be asked to respond, thus fulfilling the prophecy of some that school counseling might become irrelevant.

The present status of counselor role and function reflects both optimist and pessimist dialogue. Cole (1987) identified a number of new counselor functions that have emerged in the past 20 years, including such activities as working closely with parents and other family members, introducing substance abuse and suicide prevention programs into schools, assuming consultant roles, and developing school-based treatment programs for students with eating disorders, children of divorce, and children from stepfamilies. At the same time, numerous studies (Tennyson, Miller, Skovholt, & Williams, 1989a, 1989b; Wilgus & Shelley, 1988; Radin & Welsh, 1984) provide evidence that the ASCA Role Statement (1981) and other more recent publications are having little impact on counselor practices or on other educator perceptions.

What is the answer to this dilemma? It is apparent that we have a multidimensional problem. On the one hand, how can we introduce practicing school counselors to new skills, new roles, and new relationships

within the school? And, related to this question, how can we educate other school personnel, teachers, administrators, school psychologists, and social workers to a new counselor role in which a variety of new functions have been introduced? Finally, how can we prepare new counselors who will be able to move into an environment already in transition, with new paradigms, new perspectives, and new change agent skills? The *Harvard Education Letter* (June, 1988) suggested four strategies to help established school counselors respond to the role/function dilemma:

1. Strengthen the connections between the counseling program and the academic program.
2. Start earlier. Increase the number of elementary school counselors who work with developmental issues as opposed to crisis issues.
3. Reach out to parents. Provide more services to parents and establish more parent/school liaisons.
4. Build a network of support in the community by soliciting support and responding to community needs. (1988, pp. 1–5)

New counselors, and there will be many entering the counseling ranks in the next decade, must present a broad array of new skills when they arrive. If we take into account the changed nature of our society (and thus our schools) that is detailed in earlier chapters of this monograph, then those new competencies will include guidance curriculum specialist (teacher), developmental programming specialist, consultant to teachers and parents, preventionist, multicultural specialist, family life specialist, group counselor, crisis interventionist, community activist—and the list could continue. One might legitimately argue that school counselors already perform many of these functions. The difference is that these activities must replace the administrative and nonguidance activities that became part of the counselor's day during the era of retrenchment and job vulnerability of the 1970s and 1980s. And counselor preparation programs must address these functions specifically, rather than expecting counselors to develop the skills while on the job.

The New Community Mental Health Counselor

The question was raised earlier as to whether we, counselors, have drifted to the shoreline, no longer functioning in the deeper waters of human problems. In the context of community counseling, that metaphor must be revised. The history of community counseling is such that we could characterize it as one still trying to row the boat into deeper waters. For there can be no doubt that community mental health counselors are locked in an identity battle with social workers, psychologists, and other helping professionals. Weikel and Palmo (1989) acknowledged this struggle, noting that:

> The profession is currently at a crossroads as it attempts to define itself clearly to other mental health practitioners and to the consuming public. Although they have won several important struggles for recognition both within the mental health care system and with outside third-party payors and government agencies, MHCs [mental health counselors] still face an uphill battle as they attempt to secure their niche in the mental health care delivery system. (pp. 7–8)

The authors predicted that the field of mental health counseling, as we presently know it, will either thrive over the next 10 years or suffer a rapid deterioration and ultimate death (Weikel & Palmo, p. 12). What would give cause for two widely respected scholars to make such a dire prediction? It could be the political/economic struggle that exists between community mental health counselors and other helping professionals, or it could be the niche that is being sought. What of that niche? Is it that the niche exists but others prevent qualified community counselors from filling it? Is it that we have not adequately communicated our niche to a cautious public? Or is it that we have not defined that niche, what we have to offer that is both different from the services of other helping professionals and valuable to the public?

For the most part, community counselors have been trained to use a service delivery model that includes remedial (therapy) interventions and a crisis orientation. In this respect, the preparation of the community mental health counselor has resembled aspects of the school counselor's preparation. Such an orientation clearly places the mental health counselor on a collision course with psychologists, social workers, and psychiatrists in the community. And, the political power structure being what it is, it is understandable that Weikel and Palmo see the future of community mental health counselors as they do.

For too long, we have been diverted in our effort to establish community mental health counseling by attempting to deliver services that resemble those that already exist in the community. It is time to reframe the community counselor as a development and prevention specialist, one who reflects a historical evolution out of counselor education (and thus education) as opposed to the counseling psychology or medical model (Weikel & Palmo, 1989, p. 12). How this is to be accomplished is no small problem, for the community is an elusive target. It represents the full spectrum of human misery and despair. To move into some quarters of the community with a preventive persuasion would be too little, too late. The problem becomes one of determining where, with what skills, toward what ends? This orientation calls for a much different type of community counselor. Surprisingly, the closest approximation of this orientation comes not from the community mental health literature, but from Whiteley's (1980) *The History of Counseling Psychology*, in which he included

> . . . issues of socio-economic injustice and unequal income distribution, examination of poor school facilities, study of health delivery systems, job development as well as job counseling . . . in the broadest dimension, the counseling psychologist in the psychoeducational model is interested in developing the health environment of its citizens. (p. 201)

This orientation involves a very different assortment of skills. These include primary prevention (educational, program development, and change agent skills), advocacy skills, conflict resolution and mediation skills, political skills, consultation skills, and organizational development. These skills reflect a professional whose efforts are directed toward community groups rather than individuals, community structure rather than psyche, anticipation rather than reaction. The focus of interventions in this new role are the problems already identified in preceding chapters: substance abuse, teenage pregnancy, illiteracy, the AIDS epidemic, homelessness and its impact on children, isolation and loneliness, our aging population, the increasing ethnic diversity of our society, a growing under-class, and the disenfranchised.

Implications for Curriculum Development

The challenge that has been outlined has striking parallels for school and community counselors alike. Problems posed by schools are structurally similar to the problems posed by the community. They cannot be addressed by traditionally trained counselors, that is, counselors who bring an orientation to insight-based, individual intervention and an orientation that is process-defined as opposed to outcome-defined.

If there is any one clear voice in the cacophony for change, it is that society's problems have gotten out of control. We cannot respond to such problems as AIDS in the schools, or a drug epidemic that has taken over whole neighborhoods, using traditional (i.e., one-to-one, remedial intervention) methods that have been the staple of schools and communities. Nor can the "helping" profession turn its back on these new challenges. We must respond by serving children and parents, neighborhoods and communities, before they become victims.

The joint ACES/ASCA Collaborative Workshop Report (Cecil, Deck, & Comas, 1989) made a number of recommendations reflecting this call for change. Their recommendations include reaffirming the need for school counselors to focus on development and prevention, reexamining the ASCA role statement for school counselors, expanding the curriculum for counselor preparation to reflect societal needs, and modifying state certification guidelines to include CACREP standards, to name only a few. They call for curriculum revisions to include "program development, management,

and evaluation, multicultural awareness and concerns, and knowledge related to current societal ills, such as substance abuse, suicide, teen pregnancy, and dropouts" (Cecil et al., p. 42). Similarly, in its 10th Anniversary Issue (January, 1989), the *Journal of Mental Health Counseling*, contained calls for a prevention-development emphasis.

Finally, at the first National Conference of the Association for Counselor Education and Supervision (St. Louis, October, 1988), task groups of professors and supervisors addressed three areas of national concern: health, work, and education. Their deliberations yielded a number of suggestions:

1. Counselors need to spend more time working with small and large groups of clients.
2. Counselors must view themselves as team members and actively work to build a "team" concept within schools and communities. The challenges cannot otherwise be accomplished.
3. Knowledge of the environment and sociological circumstances of clients must be given greater priority by preparation institutions.
4. Counselor preparation institutions must reorient their students toward cultural plurality.
5. Counselors must be informed and aware of the characteristics and unique needs of the culturally diverse, as well as those of the economically and culturally disadvantaged.
6. Counselors must have greater community involvement, either through ongoing participation or through "community sabbaticals."
7. Toward this end, counselor preparation institutions must offer training in the skills of negotiating with power groups in community and school systems.
8. School and community counselors must receive and practice an orientation toward systems theory and intervention.

Recommendations for Change

The proposals that counselor educators, community mental health leaders, and school counselors are voicing call for a different kind of practitioner, necessitating a different form of skills and conceptualizations. We cannot miss the call for a developmental orientation. Nor can we ignore the plea for a prevention-based response to societal needs. But beyond these two emphases, there is a strong call for better preparation in multicultural helping skills, system intervention skills, reorientation toward group intervention for primary and secondary prevention, and, perhaps most subtly, an alarm that if we do not address these pervasive social problems, the counseling profession could become an endangered species.

We have a brief time in which to react. The prospect of a large turnover of professional counselors through retirement in the next 10 years, paired

with the opportunity to revise and reorient preparation programs toward a new definition of helper, is a window of opportunity that will open and then close. Central to this opportunity is the counselor educator as well as the counselor practitioner. Neither can succeed without the collaborative involvement of the other. The issue is not *whether* to change; rather, the issue is *whither* change.

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